DOCUMENT RESUME

ED 102 747 EC 071 325

AUTHOR	Hull, Ronald W.; DeVore, Paul W.
TITLE	A Survey of Special Education Needs and Opportunities for the Handicapped in Marion County.
INSTITUTION	Marion County Schools, Fairmont, W. Va.; West Virginia Univ., Morgantown. Dept. of Technology Education.
SPONS AGENCY	West Virginia State Board of Vocational Education, Charleston. Div. of Vocational Rehabilitation.
PUB DATE	Aug 74
NOTE	207p.
EDRS PRICE	MF-$0.76 HC-$10.78 PLUS POSTAGE
DESCRIPTORS	*Community Services; Educational Needs; Employment Opportunities; Exceptional Child Education; *Handicapped Children; Program Planning; *Surveys
IDENTIFIERS	Marion County; West Virginia

ABSTRACT

Described is a comprehensive special education plan for Marion County, West Virginia prepared by the technology and education department at West Virginia University. The rationale for special education in the country is discussed in terms of national and local historical developments and implications are suggested from reviews of current literature and legislation. Reported are surveys of programmatic needs in Marion County, including program evaluation and scope, and of agency cooperation needs, including major cooperating agencies as well as private agencies. Detailed in the chapter on the opportunities survey are the organizational survey components (description, procedure, analysis, and conclusions), the survey on exemplary programs, and a list of potentially cooperating organizations (such as religious and business organizations). The development of ideal and alternative plans for the handicapped is dealt with in terms of school and life stages, from detection to vocational experience. Results of the study are said to indicate the need for expanding currently sound practices in a continuum of services to include such groups as the learning disabled and the socially maladjusted. Specific recommendations for such aspects as detection, preschool instruction, and cooperative work experience are given. Included among the six appendixes are letters of cooperation and business-industry-service materials. (CL)

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R E P O R T

A SURVEY OF SPECIAL EDUCATION NEEDS AND OPPORTUNITIES FOR THE HANDICAPPED IN MARION COUNTY

prepared
by

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August
1974

EC 071 325

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Foreword

The underlying purpose of this project was to develop a comprehensive plan for providing special education for the students of Marion County Schools.

The comprehensive plan outlined in this proposal is intended to be flexible in order to provide for specific situations. This research does not rigidly define the expected plan for special education in Marion County. The components discussed may or may not become part of the final plan.

The Marion County School System has long realized that its efforts in the area of special education have not been adequate. In an effort to upgrade the county's special education program a great deal of planning was done during the 1973-74 school year. During this time the Bureau of Vocational, Technical and Adult Education, West Virginia State Department of Education, was contacted and a representative from the state staff met with the Superintendent of Marion County Schools, the Vocational Director, and other administrative staff members. After discussing the problems confronting Special Education, it was decided that the most logical procedure would be to develop a Comprehensive Plan for Special Education which would incorporate a program extending from K through 12th grade and beyond. In addition to special education for elementary and intermediate students, it was felt that an adequate emphasis should be placed on career expectation leading to self-sustenance from the middle through the secondary school years. The project that developed from these discussions is presented in this report. The funds to conduct the project were secured through a State Vocational Education Grant.

The Researcher who developed the following plan worked very closely with the Director of Vocational Education and the Director of Special Education for the Marion County Schools. The plan was developed after a comprehensive literature search, a business and industrial survey, as well as numerous visits to other exemplary programs dealing with handicapped persons. As a result the plan is a composite of many inputs and should provide an excellent blueprint for the development of quality special education programs for Marion County.

T. J. Pearse
Superintendent
Marion County Schools
August, 1974

Acknowledgments

The author wishes to express his appreciation to Dr. Paul W. DeVore for his initiation of the research and able direction throughout. The survey is also indebted to Virgil Dillon and Sara Eddy. Mr. Dillon not only formulated the idea of a comprehensive planning study, but gave generously of his time and counsel. Mrs. Eddy's enthusiasm and hard work sharpened the accuracy of the survey information and put it in perspective.

Many Marion County professionals too numerous to mention contributed to the survey. Among these, Orval Price and Dominick Pelligren should be thanked for their advice and support. The cooperation of related agencies was very encouraging and appreciated.

At the federal, state, and regional levels many officials volunteered literature, support, and advice. A special thanks should go to the many teachers and administrators of the exemplary programs which were visited. They often had to interrupt busy schedules to accommodate us. Bill Cupples and Bob Endres deserve thanks for their help on these tours.

The faculty and staff of West Virginia University provided excellent resources to carry out research of this scope. The cooperation of Bill Griscom, Director of the Technology Education Research and Resource Center, and the Technology Education Program secretaries, Frances Barnes and Molly Moyle, made the work progress steadily and on schedule.

Betty Wiley deserves credit for making this report a reality. She also assisted throughout the study's progress. Others who contributed art work include Ray Beauregard, Sheila Lauda, and Ed Thomas. Ann Ours and Pat Askew assisted with typing.

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August, 1974

Any plan, however well intentioned, is still a plan. It is the phase of implementation which changes the plan from hope to reality.

CHAPTER I

INTRODUCTION

In the Spring of 1974, many factors influencing the education of the handicapped began to exert pressure on the existing Marion County School System. The factors were numerous and complex. The Marion County School Board sensed the need to reassess its programs for the handicapped and develop a plan to meet these contingencies in future programs.

Primary concerns of the proposed plan included that it be comprehensive and that it provide a means for the maximum development of the handicapped to become productive citizens. For an effective plan to be developed, it was necessary to gather information on existing programs within the county, state, and nation and to evaluate the potential for program development.

The Marion County School Board contracted the study to the Technology Education Department of West Virginia University. The researcher from the University worked closely with the Vocational Technical Director and the Coordinator of Special Education from the county. The study was conducted over a period of three months from May 15, 1974, to August 15, 1974.

Objective of the Study

The primary objective of the study was to:

> Provide a report to the Marion County School Board which would serve as the basis for a comprehensive special education program plan.

Sub-Objectives of the Study

The following sub-objectives were identified as

bearing on the achievement of the primary objective. These sub-objectives were stated in operational performance terms so that it would be possible to measure when they had been completed.

1. Provide a rationale for special education in Marion County.

2. Establish the necessary categories or classifications to accurately identify all handicapped individuals and operational definitions for classification.

3. Identify and classify all individuals needing special education assistance.

4. Identify and incorporate all existing special education services within or without the jurisdiction of the Marion County School Board.

5. Identify the occupational opportunities in the business, industry, and public service sectors available in Marion County.

6. Measure the willingness of potential employers of the handicapped to participate in training and employment programs.

7. Gather information on exemplary programs and plans in all stages of development and evaluation from school systems throughout West Virginia and the nation.

8. Gather information on specific curricula, methods, materials, facilities, and techniques which have measured success that could be employed in the comprehensive plan.

9. Visit exemplary programs and projects which could contribute significantly to the development of a program for Marion County.

10. Synthesize alternative plans for implementing a comprehensive special education program.

11. Develop alternative routes for individuals with special needs within the comprehensive plan.

12. Summarize the conclusions of analysis of existing and potential services for the handicapped.

13. Develop recommendations for the future of special education in Marion County based on conclusions from the survey of the county and other research.

14. Develop a calendar of implementation for each alternative plan designed during the study.

15. Prepare a report of the survey for presentation to the Marion County Board of Education.

16. Present the results of the survey to the Board in conjunction with the submission of the report.

17. Develop and recommend a special education advisory board made up of educators, businessmen, parents, and other citizens.

A state may not set up separate systems and procedures for dealing with different groups of people unless a compelling cause for such differential treatment can be demonstrated.

Warren Court: Equal Protection Concept

Weintraub and Abeson

"New Educational Policies for the Handicapped: The Quiet Revolution"

Phi Delta Kappan

Page 526 April, 1974

Rationale

Does Marion County need a comprehensive program of special education for the handicapped? The answer to this question lies deep in the democratic heritage of the representative republic of the United States. In a representative democracy, the majority rules. However, majority rule does not mean only rights to the majority. The Bill of Rights amending our Constitution guarantees the basic rights of all citizens. One of these rights, that of the right to a free basic education, is further guaranteed by the several federal laws passed in the late 1800's.

By every measure of aptitude, whether it be mental, social/emotional, or physical, the act of measurement results in a distribution of a normal or Gaussian type when applied to any human population. A large percentage of the individuals measured will cluster about the average or mean. A small percentage of individuals will measure far from the average. These individuals are called "exceptional," because they deviate from the norm on the aptitude that is being measured.

Although the intellectually gifted are usually defined as exceptional, the socially or emotionally adept and the physically talented or skilled possess exceptionality on the positive side.

On the negative side, those who are exceptional intellectually are called mentally retarded, those who are exceptional socially or emotionally are called maladjusted, and those who are exceptional physically are called crippled. They are all called handicapped.

Although every child is required to begin school at a given age and also required to stay in school until a given age, this is no guarantee that the child will benefit from an education during that period. The handicapped have had difficulty receiving a basic education in schools based on the mass education of the majority (or average).

The concept of special education is directed to the special needs of the student who cannot, because of his or her handicapping condition, benefit from schooling designed to educate the average. It is estimated that one-half to two-thirds of the children with special needs in the nation are <u>not</u> receiving them. Of the seven million handicapped that are known to exist, a full one million receive <u>no services</u> whatsoever (Weintraub &

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Abeson, Phi Delta Kappan, 1974, p. 526).

Estimates of the percentage of the school population who possess some type of handicapping condition range as high as 22% ("The Governor's...," 1970, p. 71). This percentage is broken down into classifications or categories. While it is essential to categorize in order to provide the special services necessary to define and combat each disability, the overwhelming tendency is to continue to identify the individual with the disability even after it has been effectively overcome. This stigmatizing or stereotyping may have more serious effects than the disability (Goffman, 1963). The danger lies in letting "early impressions become 12 year prophesies" and "tracks become ruts" (Kirp, "The Great Sorting Machine," Phi Delta Kappan, 1974, p. 521).

Every child should have more than the right to attend school. An education should provide the student the means to maximize his or her potential in order to become self-actualizing (Maslow, 1970). Action on behalf of the handicapped in state legislatures has resulted in "right to education" laws for the handicapped child in several states since 1971. These laws imply:

1. Right of proper treatment
2. Right of professional standards
3. Right to a free, "zero reject" education (Gallegher, "Phenomenal Growth and New Problems Characterized Special Education," Phi Delta Kappan, 1974, p. 518).

In order that the child can most effectively benefit from special education services, these services must be provided in an unbroken continuum (Olson, "Implementing Programs to Serve the Handicapped: Some Concerns and Considerations," Papers..., 1969, p. 6). In addition to a continuum of services for the individual, the program should be comprehensive (Smith, 1974) to provide equal services for all.

Comprehensive services are expensive. Expert opinion indicates that special education costs two to three times regular education (1.24 times--TMR secondary to 3.05 times--deaf and partially deaf) (Ross, Delaware Cost Indices, 1971, p. 35, Table 17).

The societal benefits of education far offset the cost of that education. If the school system looks at the lifespan of its pupils instead of their in-school years, then the importance of a relevant education has meaning. The meaning of a secondary education, particularly for the mentally retarded and socially and

emotionally maladjusted, must be adjusted to mean more than a stepping-stone to college.

Thus, a comprehensive system of education for all, regardless of ability, must be designed to insure that each child will grow up to enjoy his or her share of "life, liberty, and the pursuit of happiness."

The educational system should be so arranged and staffed that it can accommodate all children, normal and handicapped (except those requiring institutionalized care) within its mainstream. Current research and practice proves that early identification of potential learning difficulties and early intervention in environmental conditions can prevent or reduce later learning problems, can assist in full development of individual potential and can reduce later social costs.

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The Historical Development of Special Education in the United States

Before 1850, there were no formal educational provisions for the handicapped. Very few of the general population sought education more than basic literacy and the handicapped were generally supported and educated by their families. Between 1850 and 1880, a few institutions were opened in New England for the education and support of the "idiotic" and "feebleminded" and those disfigured or crippled by disease or injury. These institutions were generally home-like and located in the center of the community (White & Wolfensberger, 1963, p. 5). The period of about 1870 to 1890 emphasized sheltering the deviate (p. 5).

By the turn of the twentieth century, the institution had established itself as the place for societal misfits and the states undertook building programs to provide a place for all. At best, there were opportunities to work in providing for the support of the institution. At worst, there was crowding, bad food, filth, and the patients were tied or otherwise restrained, causing them to suffer retarded physical and mental growth. The use of institutions fostered an "out of sight, out of mind" attitude in the general public. They became nothing but warehouses (p. 5). The few handicapped who succeeded in becoming educated, like Helen Keller, were thought to be exceptions. Stereotypes of the supposed increased abilities associated with certain types of handicaps (i.e., blindness--hearing sensitivity--piano tuning) led to discrimination in the types of jobs they could obtain. In the institutions, basic education was largely ignored. The 1950's arrived before this trend was reversed.

After World War II, a large number of veterans returned with severe physical and emotional handicaps. The direct efforts to restore these citizens to society constituted the first large-scale rehabilitation programs. The success of these programs led some researchers to try the same methods on the forgotten inmates of the institutions.

Universal enrollment of all children until the eighth grade was encouraged by the 1950's. A percentage of these children were obviously slow learners and unable to compete with their classmates. Ungraded classes (and sometimes schools in larger cities) were formed to remove them from constant failure. Special education developed from these approaches.

Improved measuring and medical procedures have

defined many more kinds of disabilities in recent years. The group of learning disabilities has been an example. Some specific kinds are readily corrected when they are detected. Stimulation enrichment and behavior modification are techniques which have achieved some success with mental retardation. Technical aids have greatly increased the abilities of some of the more severe physical handicaps.

The many movements for minorities which reached their peak in the 1960's led to a "right to education" movement for the handicapped in the 1970's. The primary manifestations of this movement are a breaking-down of the institutions into a continuum of services, reorganization of special schools and classes so that special students could "mainstream" as much as possible with the general school population, and a new emphasis on exceptionalities and abilities rather than handicaps and disabilities.

The Historical Development of Special Education in Marion County

Like the rest of the Appalachian region and much of West Virginia, Marion County was somewhat slower to develop special education than the rest of the United States. Although there was long-standing record of services to the handicapped by private societies and government agencies, a comprehensive state-wide program plan which included guidelines for special education was not available until 1964 (Smith, p. 52-58).

A study reported in 1968 to determine the long-range needs of the county reported one special education class during the 1966-67 school year (Wohlers, et al, p. 3). Two speech and hearing therapists were employed (p. 4).

The Regional Education Services Agency (RESA VII) reported (ESEA I in..., 1971-72, p. 25) that two special education classes had been established in the county through the Elementary and Secondary Education Act, Title I (ESEA I). The next year, RESA VII reported (ESEA I in Marion County Schools, 1972-73, p. 27) that the total number of special education classes was five. County funds have continued to support these two classes since 1970. Their number has not increased.

The proposed Developmental Disabilities Plan of 1972 (Bennet & Greever, p. 25, Attachment 5.2A) indicated that there were six special education classes.

Summary of Special Education in Marion County Schools

School Year		66/67	67/68	68/69	69/70	70/71	71/72	72/73	73/74	74/75	75/76
Classes: Mentally Retarded	EMR	1	1 (6)	1 (6)	0	4 (?)	5	5 (52)	7 (70)	7+1**	8
	TMR	0	1 (7)	0	0	1 (7)	1 (13)	1 (8)	1 (12)	2 (20)	3
Learning Disabilities		0	0	0	0	0	0	0	0	2** (30)	4
Behavioral Disorders		0	0	0	0	0	0	0	0	***	
Physically & Multiply Handicapped		0	0	0	0	0	0	0	0		
Visually Handicapped		0	0	0	0	0	0	0	0		
Deaf & Hard-of-Hearing		0	0	0	0	0	0	0	0		
Gifted		0	0	0	0	0	0	0	0		1
Full Time Homebound Teachers								1	4(2) (15)	2	2
Disorders of Communications Clinicians		2	2	2	2	2	2	2 (84)	3 (139)	4	4

* Note: The number of students served is enclosed in parentheses
** Note: Itinerant teacher
*** Note: Blank spaces mean that no information is available

Table 1

The West Virginia Programs for Exceptional Children (1973-74, p. 35-36) lists eight classes. In addition, the teachers are listed. Along with four homebound teachers are three clinicians assigned to disorders of communication.

In summary, the growth of special education in Marion County Schools is illustrated in Table 1.

As of April, 1973, Marion County ranked tenth in student enrollment among the 55 counties of West Virginia. The county's rank on other characteristics is illustrated in Table 2.

The Rank of Marion County on Special Education and Related Characteristics Among the Fifty-Five West Virginia Counties

			Rank
School Enrollment	12,757 students		10
Total Population	61,356 citizens		9
Teacher Salary Range	$7,005-11,000		26
Per Pupil Expenditure	$627.50		47
Mentally Retarded Classes	8		26
Learning Disability Classes	0		21
Behavioral Disorder Classes	0		10
Physically & Multiply Handicapped Classes	0		15
Visually Handicapped Classes	0	Limited Throughout State	5
Deaf & Hard-of-Hearing Classes	0		7
Gifted Classes	0		2
Full Time Homebound Teachers	4	(actually 2)	5 (6)
Disorders of Communications Clinicians	3		12

Note: The first four ranks are from Profile: Special Education Programs and Teaching Opportunities in West Virginia, WV State Department of Education (1973) and the last nine are from West Virginia Programs for Exceptional Children, WV State Department of Education (1973-74).

Table 2

Classifications are only arbitrary labels used to describe persons with similar disabilities. A classification cannot serve as the basis for defining the type of program needed by a particular person.

Vocational Education
for
Handicapped Persons

Handbook for Program
Implementation

Young et al USOE

Page 4 1970

Definitions

The rapid development of special education has caused the definitions of disabilities and the terminology associated with them to vary over time and location. The following definitions are in accordance with state and federal law, current usage, and usage within Marion County and the plans developed for Marion County.

All definitions were cited from the most authoritative source available or were operationally defined to meet the needs of Marion County.

Types of Handicaps (Exceptionality)

The following definitions of handicapped persons are those published in the West Virginia State Guidelines for Special Education (revised July, 1974).

Educable Mentally Retarded (EMR)* means a child who because of his retarded intellectual development as determined by an individual psychological examination is incapable of being educated effectively, solely, through regular classroom instruction, but who is capable of achieving a degree of proficiency in basic academic skills and as a result of special education may become economically productive and socially adjusted.

Trainable Mentally Retarded (TMR) refers to those persons characterized by a level of mental development impaired to the extent that the individual is unable to benefit from the standard school program but is able to profit from instruction in self-care, socialization, and simple job or vocational skills. The TMR often require other special services.

Children with disorders of communication exhibit difficulties in speech and language which interfere with

---

* Note: The policy statements on the education of mentally retarded children by the National Association for Retarded Children (April, 1971, p. 6) state: The terms "educable," "trainable," and "sub-trainable" should be replaced by the AAMD classification of borderline, mild, moderate, severe and profound mental retardation. (Underline for boldface)

communication. Examples of such disorders include problems of articulation, voice, fluency, language (symbolization), and foreign dialect. This definition of a child with a communication handicap should remain flexible and dynamic.

A hearing impaired child is a person who requires specialized education because of a hearing loss.

A. A hard of hearing child is one whose sense of hearing, after medical treatment, is still defective but is functional with or without a hearing aid.

B. A deaf child is one whose sense of hearing is non-functional; he must have his entire language structure taught by specially qualified persons.

Visually impaired children are those whose vision is impaired to the extent that social, and/or academic development is restricted to a significant degree.

A. A partially seeing child has a visual acuity of 20/70 or less in the better eye after correction and the ability to use vision as a major channel of learning.

B. A legally blind child has a visual acuity of 20/200 or less in the better eye after correction or a peripheral field so contracted that the widest diameter subtends an angular distance no greater than 20 degrees. This child may have some useful vision and may even read print.

C. Functionally blind child is unable to use print as his reading medium.

Physically handicapped children have disabilities which may be congenital or caused by accident or disease, that may prevent them from functioning as normal children. The degree of involvement ranges from minimal effects to severe crippling. The disabling conditions of the physically handicapped are classified in two principal categories:

A. The orthopedically handicapped include those children crippled by cerebral palsy, poliomyelitis, or muscular dystrophy.

B. Children with lowered vitality or restricted physical activity caused by other health impairments such as rheumatic fever, congenital heart defects, cancer, diabetes mellitus, asthma or hemophilia.

Socially maladjusted children chronically disregard social values and rules by substituting those of their peer group. The accepted code of conduct includes acting out and aggressive behavior, truancy, fighting and defiance against authority.

An emotionally disturbed child is a child whose emotional condition is medically and psychologically determined to be such that he cannot learn at the level of expectation for his class and adjust adequately to regular classroom procedures for his peer group in the regular classes of the public schools without the provisions of special services.

Seriously emotionally disturbed children exhibit one or more of the following characteristics over a long period of time and to a marked degree:

A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.

B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

C. Inappropriate types of behavior or feelings under normal circumstances.

D. General pervasive mood of unhappiness or depression.

E. A tendency to develop physical symptoms, pains, or fears associated with personal or school problems.

Children with specific learning disabilities are those who have a disorder in one or more of the processes involved in understanding or using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury,

minimal brain dysfunction, dyslexia and developmental asphasia. Such terms do not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, or emotional disturbance, or of environmental damage.

A home/hospital instruction program services physically handicapped children of mandatory school age who cannot be accepted by either a regular school facility or a special class. Each physically handicapped child must be educable and able to profit from instruction. This program will:

A. Provide a continuation of education.

B. Return the child to a more normal educational situation whenever possible.

C. Provide a program of socialization in order to counteract the limited experiential background of long-term pupils.

A deaf-blind child is one who has both auditory and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that he cannot be properly accommodated in special education programs for either the hearing handicapped child or the visually handicapped child.

The exceptional child is the child who deviates from the normal child (1) in mental characteristics, (2) in sensory abilities, (3) in neuromuscular or physical characteristics, (4) in social or emotional behavior, (5) in communication abilities, or (6) in multiple handicaps to such an extent that he requires a modification of school practices, or special education services, in order to develop to his maximum capacity (Kirk, 1972).

"Handicapped persons" means mentally retarded, hard-of-hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired persons who by reason of their handicapping condition cannot succeed in a vocational or consumer and homemaking education program. (Vocational Education Amendments of 1968, Section 102.3 (a)) [underline added].

Special education is an educational program for

exceptional children, whether this be in the regular classroom, the special classroom, [home], or in some combination of both (Scalise, 1965, p. 9).

A comprehensive special education program refers to educational provisions for all exceptional children and youth within a school district (p. 9).

Most common special education services:

The residential school or institution is the oldest plan for the education of exceptional children in the United States. They are designed to provide a complete 24-hour-day program, and in some cases, such as the gifted, blind, deaf, the major purpose for enrollment is for education. With others such as the severely retarded, emotionally disturbed, and some crippled children, the residence may be provided mainly for corrective treatment of a noneducational nature or for the protective care of the child (p. 37-38).

The special school in a local community is solely devoted to the education of one or more types of exceptional children. It is sometimes operated as a segregated part of a regular school (p. 39).

The special class is a group of exceptional children of a given classification that is located in a regular elementary or secondary school and is under the direction of a specially trained teacher (p. 39).

The resource room is an area containing specialized equipment run by a specially trained consultant where the exceptional child can get individualized special instruction for short periods of visit during the school day (p. 40).

The itinerant teacher program provides a special teacher in a given area of exceptionality who may visit exceptional children in regular classes in several schools (p. 41).

Work adjustment is a learning process which takes place in individualized and structured work experience designed to assist the individual to understand the meaning, necessity, and demands of work in our society;

to develop a realistic concept of self as a worker; to acquire good work habits; to modify attitudes which hinder satisfactory adjustment to work; to stimulate motivation to work; to increase physical and emotional tolerance for work; and to acquire social skills; to strengthen one's relationships with supervisors and others (Ross & Brandon, p. 7, from the Goodwill Work Adjustment Manual).

Mainstreaming implies that the exceptional child is given every possible opportunity to associate with his or her own age group, while being provided with special services or ability grouping to give opportunity for success.

Remember that law, although critical, is only one of the resources necessary to make educational opportunity a reality for all learning disabled children. . . those seeking change must also be willing to sustain their efforts until the services these children need become a reality.

Frederick Weintaub, Editor

State Legislation for Children with Learning Disabilities

State-Federal Information Clearinghouse for Exceptional Children Series on Government and the Exceptional Child
Vol. I

Page 4 1970

Legislation

In recent years, several laws have been enacted which have bearing on special education in Marion County. The implications of these laws are summarized below.

Wagner-Peyser Act of 1933. The 1954 Amendments of Section 3 requires the state employment service to provide employment counseling and placement services for handicapped persons.

Section 8 provides that the employment service establish cooperative relationships with state rehabilitation agencies for the purpose of serving handicapped applicants.

As amended in 1954, Section 8 further requires that state plans for operation shall include provision for the promotion and development of employment opportunities for handicapped persons and for the designation of at least one person in each state or federal office whose duties shall include the effectuation of such purposes (West Virginia Employment Service Program, Part II-8202).

Vocational Rehabilitation Act of 1943. This Act, intended to increase the nation's workforce in the threat of war, first included the mentally retarded. The Amendments of 1954 and P.L. 565 extended rehabilitative services to youth (Lord, 1964, p. 44).

Vocational Rehabilitation Act of 1954. This Act requires that State Rehabilitation Agencies establish cooperative relations with the Employment Service and make "maximum utilization of the job placement and employment counseling services and other services and facilities" of Employment Service offices (West Virginia Employment Service Program, Part II-8202).

Rehabilitation Act of 1973 (Public Law 93-112). This Act states in Section 503 that all employers securing government contracts in excess of $2,500 must use affirmative action in employment and advancement of qualified handicapped.

West Virginia H. B. 676 of 1969. This Bill states that all public buildings, built by the State or its political subdivisions, include facilities to permit

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accessibility by physically handicapped persons, without loss of function, space, or facilities so far as the general public is concerned. Construction plans shall comply with the minimum standards contained in "American Standard Specifications for Making Buildings and Facilities Accessible to and Usable By, the Physically Handicapped" approved by the American Standard Association, Inc., with appropriate usable segments of "Building Standards of the University of Illinois Rehabilitation Center" and "Occupancy Guide-Department of Veterans Benefits, Regional Office, Veterans Administration," and with such other standards in that regard as the Secretary of Health, Education and Welfare may prescribe or approve (A State Plan for the Administration of Vocational Education under the Vocational Education Amendments of 1968, Section 1.94, p. 51).

Vocational Education Amendments of 1968. Several sections of these Amendments pertain to the handicapped. Section 102.3 (o) defines "handicapped" (Young, p. 81).

Section 102.4 (b)(1)(ii) defines the objective of instruction to correct whatever educational deficiencies or handicaps which prevent the handicapped from benefiting from education to enter an occupation (p. 82).

Section 102.6 (a) designates support under section 102 (a) or (b) for special programs or services to enable the handicapped to achieve vocational objectives otherwise beyond their condition. These programs and services may take the form of modifications of regular programs, special educational services which are supplementary to regular programs, or special programs designed only for the handicapped (p. 83).

Section 102.6 (c) states that to the extent feasible, handicapped students shall be enrolled in vocational education programs designed for persons without their handicapping condition (p. 83).

Section 102.6 (d) provides for supplementary educational services for those who cannot benefit from regular instruction (p. 84).

Section 102.6 (e) states that programs for the handicapped will be planned, established, administered, and evaluated in conjunction with advisory committees comprised of representatives from other private or public agencies, organizations, and institutions concerned with the education of the handicapped in the community (p. 84).

Section 102.9 (a) provides that the state board

shall train by both preservice and inservice to provide qualified personnel to meet the needs of the handicapped (p. 84).

Section 102.40 (b) provides that the state plan shall incorporate cooperative agreements with other agencies responsible for the handicapped. This has been done in West Virginia. The letter of cooperative agreement is shown in Appendix A (p. 85).

Section 102.59 (a)(3) states that at least 10 percent of the total allotment for any fiscal year to a state of funds appropriated under Section 102 (a) of the Act shall be used only for vocational education for handicapped persons (p. 87).

Supplementary Security Income Act of 1972 (P.L. 92-603). This Act provides supplemental income for the disabled and blind. Children under the age of 18 or under 22 if still in school were first made eligible by this Act.

Elementary and Secondary Education Act (ESEA) of 1965 (P. L. 89-10). Title I under Section 103 (A)(5) of this Act provides supplemental instructional materials for financially deprived state-supported school districts and schools. Under Title III, funding was provided for supplementary, innovative, or exemplary programs or projects for educational improvement. The Amendments to this Act (P. L. 89-750) of 1966 added a Title IV which was specifically for education of handicapped children. From June 20, 1968, Congress "earmarked" 15 percent of the Title III funds for the handicapped ("Basic Education...," 1973, p. v)("Innovation in...," 1972, p. 2).

West Virginia H. B. 1271 of 1974. This law amended Article 20, Chapter 18 of the Code of West Virginia of 1939, such amendment to go into effect July 1, 1974.

Section 18-2-1 states that county boards shall provide special education programs for all exceptional children between five and twenty-three years of age. The programs must be provided for each type of exceptionality that the State Board of Education shall approve and require. Services may be provided for children at three years of age.

Section 18-2-2 provides that county boards must provide qualified personnel, facilities, equipment, and services as necessary. Counties may contract with other counties or agencies to provide these services.

Education of the Handicapped Act of 1970 (P. L. 91-230). The Bureau of the Handicapped is charged under part B of the Act to initiate demonstration projects and encourage long-range comprehensive planning.

The Bureau requires that there be a sharing of plans with the public and that there exist a range of services from residential schools to integration of handicapped children into regular education programs in the local school system ("Basic Education...," 1973, p. 7).

Part C of the Act provides for the development of early childhood centers. In 1972 Congress mandated that the Office of Child Development include handicapped children as a part of the population served in Head Start programs (p. 9).

Financial Aid Under Laws for the Handicapped. The Bureau of the Handicapped of the U. S. Office of Education has compiled a table of all of the legislated funds available to local and state governments for the education of the handicapped under the Bureau's jurisdiction. The list is reproduced in this report as Table 3.

Development of State Laws. A report on state legislation for children with learning disabilities by the Council for Exceptional Children in 1970, listed state law from about 15 of the 50 states (including West Virginia) which had addressed learning disabilities in its law.

By sheer volume, the California Law (p. 5-22) far outstripped other states in the detail and inclusiveness at that time.

With the passage of H. B. 1271, West Virginia is in a favorable position with regard to legislation in all areas of exceptionality with other states. Fortunately, local school districts in many states have developed extensive programs without the benefit of the law.

FEDERAL PROGRAMS ADMINISTERED
OR
MONITORED BY THE
BUREAU OF EDUCATION FOR THE HANDICAPPED
U.S. OFFICE OF EDUCATION
FISCAL YEAR 1974 APPROPRIATION ESTIMATE

TYPE OF ASSISTANCE	AUTHORIZATION	PURPOSE	FY 1974 APPROPRIATION	WHO MAY APPLY	WHERE TO GET INFORMATION
SERVICES					
PROGRAMS FOR THE HANDICAPPED, PRESCHOOL, ELEMENTARY & SECONDARY	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART B	TO STRENGTHEN EDUCATIONAL AND RELATED SERVICES FOR HANDICAPPED, PRESCHOOL, ELEMENTARY & SECONDARY CHILDREN	$ 47,500,000	LOCAL AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
PROGRAMS FOR THE HANDICAPPED IN STATE SUPPORTED SCHOOLS	ELEMENTARY & SECONDARY ED. ACT, TITLE I (SEC.103 (A)(5))	TO STRENGTHEN EDUCATION PROGRAMS FOR CHILDREN IN STATE OPERATED OR SUPPORTED SCHOOLS FOR THE HANDICAPPED	$ 85,778,000	ELIGIBLE STATE AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
TITLE III, SUPPLEMENTARY EDUCATIONAL CENTERS & SERVICES	TITLE III, ELEMENTARY & SECONDARY EDUCATION ACT, AS AMENDED	TO PROVIDE GRANTS FOR SUPPLEMENTARY, INNOVATIVE, OR EXEMPLARY PROJECTS FOR THE EDUCATIONAL IMPROVEMENT OF THE HANDICAPPED	$ 20,087,000 REPRESENTS 15% OF STATE'S TOTAL TITLE III ALLOTMENT	LOCAL EDUCATION AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED; OR DIVISION OF PLANS AND SUPPLEMENTARY CENTERS, BUREAU OF ELEMENTARY & SECONDARY EDUCATION
EARLY EDUCATION FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART C, SECTION 623	TO DEVELOP MODEL PRESCHOOL AND EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN	$12,000,000	PUBLIC AGENCIES & PRIVATE NONPROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
VOCATIONAL EDUCATION PROGRAMS FOR THE HANDICAPPED	VOCATIONAL EDUCATION AMENDMENTS OF 1968	TO PROVIDE VOCATIONAL EDUCATION & SERVICES TO HANDICAPPED CHILDREN	$ 41,251,000 REPRESENTS 10% OF THE BASIC STATE ALLOTMENT UNDER PART B OF THE 1968 AMENDMENT TO THE VOC. ED. ACT	LOCAL EDUCATIONAL AGENCIES APPLY TO STATE DEPARTMENTS OF EDUCATION	DIVISION OF VOCATIONAL TECHNICAL EDUCATION, BUREAU OF ADULT, VOCATIONAL & TECHNICAL EDUCATION REGION OFFICE; OR DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
MEDIA SERVICES AND CAPTIONED FILM LOAN PROGRAM	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART F	A) TO ADVANCE THE HANDICAPPED THROUGH FILM & OTHER MEDIA INCLUDING A CAPTIONED FILM LOAN SERVICE FOR CULTURAL AND EDUCATIONAL ENRICHMENT FOR THE DEAF	$13,000,000	STATE OR LOCAL PUBLIC AGENCIES AND SCHOOLS, ORGANIZATIONS, OR GROUPS WHICH SERVE THE HANDICAPPED, THEIR PARENTS, EMPLOYERS, OR POTENTIAL EMPLOYERS	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
		B) TO CONTRACT FOR RESEARCH IN USE OF EDUCATIONAL AND TRAINING FILMS AND OTHER EDUCATIONAL MEDIA FOR THE HANDICAPPED, AND FOR THEIR PRODUCTION AND DISTRIBUTION	(INCLUDED ABOVE)	BY INVITATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
		C) TO CONTRACT FOR TRAINING PERSONS IN THE USE OF EDUCATIONAL MEDIA FOR THE HANDICAPPED	(INCLUDED ABOVE)	PUBLIC OR OTHER NONPROFIT INSTITUTIONS OF HIGHER EDUCATION FOR TEACHERS, TRAINEES OR OTHER SPECIALISTS	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
		D) TO ESTABLISH AND OPERATE A NATIONAL CENTER ON EDUCATIONAL MEDIA	(INCLUDED ABOVE)	INSTITUTION OF HIGHER EDUCATION	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
DEAF-BLIND CENTERS	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART C, SECTION 622	TO DEVELOP CENTERS AND SERVICES FOR DEAF-BLIND CHILDREN & PARENTS	$ 14,055,000	STATE EDUCATION AGENCIES, UNIVERSITIES, MEDICAL CENTERS, PUBLIC OR NONPROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED

INFORMATION & RECRUITMENT	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 633	TO IMPROVE RECRUITMENT OF EDUCATIONAL PERSONNEL AND DISSEMINATION OF INFORMATION ON EDUCATIONAL OPPORTUNITIES FOR THE HANDICAPPED	$ 500,000	PUBLIC OR NONPROFIT AGENCIES, ORGANIZATIONS, PRIVATE AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
PROGRAMS FOR CHILDREN WITH SPECIFIC LEARNING DISABILITIES	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART G, SECTION 661	TO PROVIDE FOR RESEARCH, TRAINING OF PERSONNEL AND TO ESTABLISH AND OPERATE MODEL CENTERS FOR CHILDREN WITH SPECIFIC LEARNING DISABILITIES	$ 3,250,000	INSTITUTIONS OF HIGHER EDUCATION, STATE AND LOCAL EDUCATIONAL AGENCIES AND OTHER PUBLIC AND NONPROFIT AGENCIES	DIVISION OF EDUCATIONAL SERVICES, BUREAU OF EDUCATION FOR THE HANDICAPPED
REGIONAL RESOURCE CENTERS FOR IMPROVEMENT OF EDUCATION FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART C, SECTION 621	TO DEVELOP CENTERS FOR EDUCATIONAL DIAGNOSIS AND REMEDIATION OF HANDICAPPED CHILDREN	$ 7,243,000	INSTITUTIONS OF HIGHER EDUCATION AND STATE EDUCATION AGENCIES, OR COMBINATIONS WITHIN PARTICULAR REGIONS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED
RESEARCH					
HANDICAPPED RESEARCH AND RELATED ACTIVITIES	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART E, SECTION 641	TO PROMOTE NEW KNOWLEDGE AND DEVELOPMENTS WITH REFERENCE TO THE EDUCATION OF THE HANDICAPPED	$ 9,566,000	STATE OR LOCAL EDUCATION AGENCIES AND PRIVATE EDUCATIONAL ORGANIZATIONS OR RESEARCH ORGANIZATIONAL GROUPS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED
PHYSICAL EDUCATION AND RECREATION FOR THE HANDICAPPED	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART E, SECTION 642	TO DO RESEARCH IN AREAS OF PHYSICAL EDUCATION AND RECREATION FOR HANDICAPPED CHILDREN	$ 350,000	STATE OR LOCAL EDUCATION AGENCIES, PUBLIC OR NON-PROFIT PRIVATE EDUCATIONAL OR RESEARCH AGENCIES AND ORGANIZATIONS	DIVISION OF RESEARCH, BUREAU OF EDUCATION FOR THE HANDICAPPED
TRAINING					
TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 632	TO PREPARE AND INFORM TEACHERS AND OTHERS WHO WORK IN THE EDUCATION OF THE HANDICAPPED	$ 37,000,000	STATE EDUCATION AGENCIES, INSTITUTIONS OF HIGHER EDUCATION, AND OTHER APPROPRIATE NONPROFIT INSTITUTIONS OR AGENCIES	DIVISION OF TRAINING PROGRAMS, BUREAU OF EDUCATION FOR THE HANDICAPPED
TRAINING OF PHYSICAL EDUCATORS AND RECREATION PERSONNEL FOR HANDICAPPED CHILDREN	EDUCATION OF THE HANDICAPPED ACT, P.L. 91-230, PART D, SECTION 634	TO TRAIN PERSONNEL IN PHYSICAL EDUCATION & RECREATION FOR THE HANDICAPPED	$ 700,000	INSTITUTIONS OF HIGHER EDUCATION	DIVISION OF TRAINING PROGRAMS, BUREAU OF EDUCATION FOR THE HANDICAPPED
			TOTAL-- $ 292,280,000		

FOR MORE INFORMATION WRITE:

BUREAU OF EDUCATION FOR THE HANDICAPPED
ROOM 2100
U. S. OFFICE OF EDUCATION
400 MARYLAND AVENUE SW
WASHINGTON, D.C. 20202

Table 3

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Literature Search

A literature search is the most efficient means to determine the knowledge base in a given area of study. The knowledge in the scope of this research, however, is so vast that it was impossible to obtain a complete picture of comprehensive education for the handicapped in three short months. In spite of the time limitation, it is estimated that over 50 percent of the key literature in the field was gathered.

Much of the literature was obtained in hard copy and is presented to the Board in conjunction with and in support of the report. All literature that is presented is included in two loose-leaf folders and classified in alphabetical order.

Sources

There were three basic sources of literature used in this study:

1. Personal contact
2. ERIC computer literature search
3. Letter solicitation

Personal Contact. Much of the literature was gathered by telephoning key individuals in national, state, and local agencies concerned with the handicapped. Additional information of this type was obtained by visits to individuals or programs.

ERIC Computer Literature Search. The Education Resources Information Center (ERIC) clearinghouses have been collecting published and unpublished documents in education since 1964. This literature is all abstracted and codified by descriptors for computer retrieval.

On May 22, 1974, the first computer literature search of the ERIC file was conducted on an interactive terminal at West Virginia University's Medical Center Library. This search produced some 46 titles of which only about 13 merited further investigation. On June 5, 1974, a second search was conducted; using vocational education descriptors not previously input produced about 70 additional titles of higher relevance. The descriptors

and logic used in the searches is presented in Appendix B.

All ERIC documents (except journal articles and some published titles not released to Educational Documents Resource Service [EDRS]) are kept on microfiche for compact storage. West Virginia University's main library has a complete collection and the special education department has a partial one. Each title located in the computer search was reviewed and notes were gathered on the contents. Key sections were copied and are included in the binders of literature presented. The review yielded 54 documents of value from the two ERIC literature searches. Of these, a few were not available from EDRS and a few were too dated or general for real use. The majority contained useful information.

Letter Solicitation. One source obtained by personal contact, Vocational Education for Handicapped Persons (Young, 1970, p. 78-80), listed the addresses of national associations and agencies concerned with the handicapped. A letter was sent to twenty-six of the agencies on the list asking for information relevant to this study. An example of the letter is shown in Appendix C.

Although a number of the addresses were old, the return from some of the organizations was substantial. This material is included with the rest of the literature.

Other Sources. During the study, the following additional sources were uncovered for specific areas of literature for the handicapped:

1. Exceptional Children

   CEC Information Center on
   Exceptional Children
   An ERIC Clearinghouse
   The Council for Exceptional Children
   1920 Reston Drive
   Reston, Virginia 22091

2. Living with Disabilities

   Accent on Information
   P. O. Box 726
   Bloomington, Illinois 61701

   A Computer File:
   $3 per search
   Free to the disabled

3. Rehabilitation Services

Materials Development Center
University of Wisconsin-Stout
Menomonie, Wisconsin 54751

Implications

The mushrooming of literature related to all areas of knowledge on the handicapped is testimony to the fervor that federal, state, and local agencies have exhibited in attacking the problems of the last large minority in the past ten years.

Prior to 1960, literature was primarily geared to the individual needs of specific disabilities represented by private foundations and associations. The few studies that were conducted on the handicapped in the schools were limited in financial support, scope, and governmental support. Stanley M. Grabowski's abstracts of dissertations in adult education 1935-1962 (1973, p. 796-822) gives evidence of this condition. A study conducted with dropouts in Toronto schools in 1960 (Midanik) used terminology (i.e., mental subnormality) which is no longer current.

In the early 1960's, Ohio led the states in developing programs. A bulletin on slow learners was published by the Ohio State Department in 1962 (Allen) and was followed by selected training materials for work-study for slow learners in 1965 (Danielson & Miller), and by guidelines for work-study programs for slow learners in 1967 (Crawford). The guidelines were recently updated to apply to EMR's (New, 1972). Cincinnati developed an extensive guide for slow learning programs in its elementary and secondary schools in 1964.

The first evidence of programs for the gifted was an early admissions program in 1962 (Bergstrom *et al*).

The Council for Exceptional Children published a report by Lord and Isenburg in 1964 in an effort to assist school districts in providing more comprehensive special education services through cooperation between districts. Guidelines for engaging in contractual agreements and setting up larger intermediate units (as Pennsylvania has done) were presented.

West Virginia led the way to comprehensive special education planning with its comprehensive education program

for West Virginia Schools in 1964 (Smith, p. 52-58). Noting the paucity of programs in West Virginia for exceptional children, Frank Scalise (1965, p. 12) explored the programs established in other states and developed practices and procedures for special education in the State for his doctoral research at West Virginia University.

During the late 1960's, many states re-evaluated their positions toward special education. Among these were Vermont (Baker, 1968), Wisconsin ("Governor's...," 1970), Maryland (1966), Massachusetts (1966), and Pennsylvania (Kaufman et al, 1967). Similar studies were conducted by the Brevard County Schools in Florida (Burkridge, 1966), and Berkeley, California, Schools (Monheimer, 1967).

As a result of the expansion of vocational education programs from the 1963 Act and the publication of guides like A High School Work-Study Program For Mentally Subnormal Students (Kolstoe and Frey, 1965), work-study programs for slow learners began to develop during the period 1965 to 1968. Examples were: Chambersburg, Pennsylvania (Kitzmiller, 1967); State University of New York at Buffalo (Mongerson, 1969); and Santa Cruz County, California (1966).

With the passage of the Vocational Education Amendments of 1968, a national conference of vocational educators was held at the University of Pittsburgh in February, 1969, to address the issues for the education of the handicapped presented in the Amendments. The recommendations of the conference were incorporated into a handbook, Vocational Education for Handicapped Persons (Young et al, 1970), which provides the primary guide for programs under vocational education funding.

Parallel with development in vocational education, state divisions of vocational rehabilitation were also conducting studies in education and evaluation.

The Department of Special Education at Alabama University developed a special class curriculum for the rehabilitation of mentally retarded young adults in 1964 (Harvey et al). The study was directed at vocational preparation in the classroom because the local industry would not accept these people without developed work habits. The program was directed to young adults because many of these youth could not find work after completing their special education.

With vocational rehabilitation funding, the California State Colleges conducted institutes on work evaluation for educable retarded youth in 1964 (Lord). It was found that the retarded made up the primary workforce of many

of the institutions (p. 4) and that the greatest factor in the deprivation of these youth was the insistence on the three R's (p. 10).

The Institute for the Crippled and Disabled, New York, developed the TOWER System for work evaluation and work training for the mildly mentally retarded in 1965 (Hall et al). The researchers encountered a lot of negative response in a phone survey of 225 local New York City industries. Their mailed survey achieved only a 24 percent return.

Goodwill Industries, Incorporated, a Methodist Church-affiliated organization, pioneered the sheltered workshop through using the handicapped (primarily physical) to recycle cast-offs. Teaming with Vocational Rehabilitation, Goodwill did much of the initial work in developing work evaluation, sample, and adjustment units. Examples include Goodwill's guide for the establishment of a vocational evaluation-work adjustment unit (1967) and a work evaluation manual for Goodwill (Miller, 1968).

The work sample concept for vocational evaluation was developed as early as 1966 when Singer/Graflex work samples were first tested at the Breckinridge Job Corps Center (Sax, 1971, p. 41). Other pioneering work on the work sample was done at the Experimental Manpower Laboratory in New York (Mobilization for Youth).

As late as 1971, Ross and Brandon charged that work adjustment was ill-defined and needed to be clarified to be used as an effective tool. Recently, Donn Brolin has written an article in Education and Training of the Mentally Retarded (1973) that vocational evaluation is special education's responsibility.

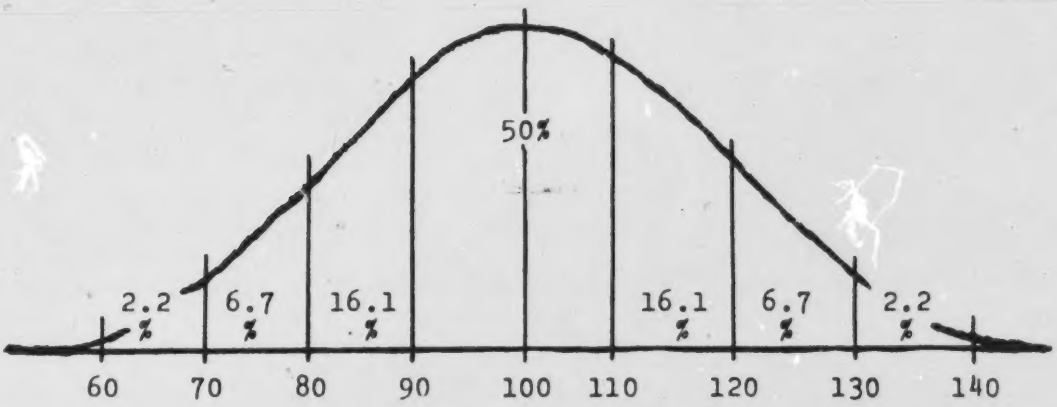
In the past few years, there has been much effort to develop comprehensive planning guides. States which have led the way are Florida, Ideal Services Series (Hoover et al, 1968); Texas, Austin University (Meyer, 1972a, 1972b, 1972c) ("Texas Educational...," 1973) (Yates, 1971); California, Los Angeles School System, ("We Serve the Exceptional Child...," Rutgard, 1970) (Aronovici, 1972); and Arizona, Arizona State University (Grabowski, 1973, p. 822).

As early as 1968, planning began to consolidate services for the handicapped in four counties of eastern Nebraska. The Eastern Nebraska Community Office of Retardation (ENCORE) was formally established in 1970 and has been providing a continuum of services within the community instead of residential institutions which formerly served to segregate the handicapped. In addition

to ENCORE's planning reports (July, 1968) (November, 1968) (November, 1970), articles by the ENCORE Staff and Annual Reports are also available.

In 1972, the Developmental Disabilities Council of West Virginia proposed a plan for the comprehensive development of all services for the disabled (Bennett and Greever). Recently, the West Virginia Commission on Mental Retardation has been made responsible for developmental disabilities and a new plan for July 1, 1973-June 30, 1974 has been submitted ("Planning for...,"). The planning is a basic condition of the Developmental Disabilities Services and Facilities Construction Act of 1970 (P. L. 91-517) and insures that statewide services for the handicapped will be comprehensive, efficient and well distributed.

Finally, Phi Delta Kappa, the prestigious fraternity in education, devoted its entire April, 1974, issue of the Phi Delta Kappan to special education. The major thrust of the articles stressed the right of the handicapped to education, regardless of cost, and the dedication to placing the handicapped child into the "mainstream" of education.



I.Q.

A child whose I.Q. is below 50 may be a person "who by reason of mental and physical defect is unable to profit by instruction in the public school."

The Public School Act
Chapter 316
Section 5 (1)
Canada 1950
J. Sydney Midanik
Page 7
Study of Slow Learners

CHAPTER II

SURVEY OF NEEDS IN MARION COUNTY

The needs of Marion County are both like and unlike those of other counties in West Virginia and Appalachia. Its population of about 60,000 shows a decrease of about 3,500 during the decade of the 1960's. Fairmont, with a population of about 20,000, is the county seat and occupies a central place in the government, industry, business, and education of the county. Fairmont State College, with an enrollment of nearly 4,000, is a progressive force in higher education in northern West Virginia.

The opening of Interstate 79 to the north (Pittsburgh) and to the south (Charleston), together with the opening of Corridor "E" (U.S. 48) to the east (Washington, D.C.), promises to bring renewed industrial growth and population increase to the area. The national redirection toward the use of more coal energy should continue the growth of mining and the mining support industries which now form the largest employment group in the county.

In spite of the relatively large, well distributed, population (9th in the state), the broad industrial base of both large and small business, and the central location of Fairmont, the educational needs of the county are great. Schools are old, supplies are limited, and teachers' salaries are low (27th among the 55 counties). Per capita pupil expenditures rank 45th. Transportation to outlying areas is limited.

U.S. census figures for 1970 and public assistance for 1972 showed that only about 3.7 percent of Marion County's population was on public assistance (45th) (Harshbarger et al, 1973, p. 28-30, Table 2-9). The same study of human ecosystems and human service systems in Appalachia singled out Marion County as an example of environmental Region 1 (mixture of heavy mining,

manufacturing, and higher education--one urban center of 25,000 plus and multiple rural communities) and paired it with Monongalia County (p. 41). Neighborhoods sampled were urban (high, middle, and low income) and rural (low income). The response to questions about disabilities is shown in Tables 4 and 5: (p. 53, 65, Table 4-2, Table 4-12).

Disabilities per 100 Persons Five Years of Age or Older

	Urban			Rural
	High	Middle	Low	Low
Marion	4	3	21	14
Monongalia	7		10	17
Average all counties in WV	7	7	12	15

Table 4

Disabilities per 100 Persons Under Five Years of Age

	Urban			Rural
	High	Middle	Low	Low
Marion	13	13	13	13
Monongalia	53		13	24
Average all counties in WV	21	13	17	24

Table 5

The relative availability of special training, therapy, or rehabilitation was also sampled: (p. 57A, Table 4-5A).

Receipt of Special Training, Therapy, or Rehabilitation for a Disability (% affirmative)

	Urban			Rural
	High	Middle	Low	Low
Marion	13	0	24	23
Monongalia	29		20	30
Average all counties in WV	29	34	18	24

Table 6

These tables show that while disabilities appear to be less prevalent in Marion County than in Monongalia and the average of all counties, Marion County residents were also less likely to have or make use of services available.

Concern for existing employment services was almost nonexistent, indicating a high rate of employment and good assistance in locating it (p. 139, Table 4-73).

Dissatisfaction with Employment Services (%)

	Urban			Rural
	High	Middle	Low	Low
Marion	0	0	2	0
Monongalia	2		1	0
Average all counties in WV	1	3	0	1

Table 7

Dissatisfaction with the schools and education was limited to those who lived in high-income neighborhoods and was quite low (p. 149, Table 4-83).

Dissatisfaction with Schools, Education (%)

	Urban			Rural
	High	Middle	Low	Low
Marion	4	0	0	0
Monongalia	1	0	1	0
Average all counties in WV	1	7	0	0

Table 8

Survey of the Needs of the Handicapped in Marion County

There is no definitive way of arriving at the exact numbers of handicapped children in the various categories of disability without a complete survey of every household. 1970 census figures do not provide the detail necessary to determine types and numbers.

School census data of those students already in the county schools is accurate, but leaves suspicion that some of the handicapped are not on school rolls or remain outside school or homebound programs. It is very difficult to get information on the preschool handicapped.

Natural Prevalence Rates. One way to plan for the handicapped would be to disregard pressing, current, and individual needs and provide for average or normal needs. Several of the studies reviewed in the literature have identified natural prevalence rates for the various types of handicaps. These rates are presented in Table 9 for comparison.

Column "E" represents the best estimate of the other study estimates. The variation in estimates of the hearing handicapped is of unknown cause, so an average figure

Natural Prevalence Rates by Type of Handicap (%)

	A	B	C	D	E
Gifted		2.0	2.0	1.0	2.0
Educable Mentally Retarded.....	2.3	2.3	2.0	2.0	2.0
Trainable Mentally Retarded			.25	.25	.25
Hearing Handicapped (Impaired, etc.)	.57	.50	1.0	1.6	1.0
Deaf		.075			.075
Sight Handicapped	.10	.06	.09	.10	.06
Blind		.033			.033
Speech Impaired Handicapped	5.0	3.5	5.0	3.5	5.0
Orthopedic (Physically) Handicapped	.25	1.0	.25	.15	.15
Multiple Handicapped..				.10	.10
Homebound (Special Health Problems)	2.0	1.0	.25	.50	.50
Emotionally Handicapped.	1.0		1.0	1.0	1.0
Socially Maladjusted..		2.0	2.0		1.0
Special Learning Disabilities	11.2		1.0	1.0	3.0
Total	22.42	12.468	13.94	11.20	15.168

Table 9

Sources

A. Wisconsin Department of Public Instruction ("Governor's...," 1970, p. 71).
B. Illustrative Projections of Population in the United States by Age and Sex, 1960-1980. U.S. Bureau of Census, Series P-25, No. 187, November, 1958 (Lord, 1964, p. 4).
C. Illinois Study of Handicapped Prevalence Rates (Guidelines, 1968, p. 10).
D. Illinois Census of the Handicapped, 1958 & 1962 and Bureau of the Handicapped National Finance Study (Marion County Special Education Plan, 1974).
E. Best estimates compiled from analysis of other data.

of 1% was used. The minimum value of .15% for physically handicapped was used because poliomyelitis as a major crippler of children was still common when the major prevalence studies were conducted. A lower value of 1.0% for socially maladjusted youth was used because of the rural, low population density nature of the county and the relative ethnic homogeniety of the population. The disparity in the learning disability estimates was a problem. However, recent improvements in the definition of learning disabilities would indicate that they are probably more prevalent than the older studies show. The Wisconsin figure may be in error.

The total of 15.168% is about 5% higher than the 11.20% used in the Marion County Plan submitted for fiscal year 1974. The 1974 figures are presented as Table 10 for comparison. Table 11 shows the changes brought about by the change in prevalence rates.

Educable Mentally Retarded Needs. Not all of the EMR's in the county can get to an EMR classroom. Some of the pupils in EMR classes actually have specific learning disabilities and can be served better by other means. Some EMR's remain unidentified in school. It appears that fully one-half of the EMR's in the county are not being served. The need is greatest at the secondary level where the educable mentally retarded most often face frustration and failure in an attempt to graduate from high school. Only about one-fourth of the high school aged EMR's receive special service and this is primarily remedial academic.

Trainable Mentally Retarded Needs. ESEA I funds have provided a class at the primary level. This class was restricted to the toilet-trained. Although the class is centrally located, all primary TMR's in the county cannot attend because of transportation distances. As of the 1974-75 school year, the un-toilet-trained will be accepted and the need for two primary classes will be great.

Intermediate TMR's are currently mixed with EMR's. Actually, only two are attending school which represents about one-third of the potential population.

The greatest need is for education for secondary TMR's. Of the estimated ten in the county, none are being served. The few that are active are working at the Marion County Opportunity Workshop. A new class for secondary (and adult) level students is scheduled to

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Table 10

County: Marion
Fiscal Year: 1974

SURVEY OF EXCEPTIONAL CHILDREN AND ESTIMATE OF PERSONNEL NEEDS

Area	1	2*				3				4			
	Prevalence	Estimated Number of Children				Children Served This Year				Children Unserved This Year			
		Prim.	Int.	Sec.	Total	Prim.	Int.	Sec.	Total	Prim.	Int.	Sec.	Total
Educable Mentally Retarded	2.00%	114	57	78	249	30	34	15	79	84	23	63	170
Trainable Mentally Retarded	.25%	14	7	10	31	10	2		12	4	5	10	19
Physically Handicapped Classes	.15%	9	4	6	19					2		1	3
Homebound and Hospitalized	.50%	28	14	19	61	5	1	8	14	23	13	11	47
Speech and Language	3.5%	199	100	136	435	145	11	1	157	54	89	135	278
Deaf and Hard of Hearing	1.6%	91	46	62	199					91	46	62	199
Blind & Partially Sighted	.10%	6	3	4	13		4		4	6		4	10
Behavioral Disorders Emotionally/Socially Maladjusted	1.0%	57	29	39	125		2		2	57	27	39	123
Specific Learning Disabilities	1.0%	57	29	39	125					57	29	39	125
Multiple Handicapped	.10%	6	3	4	13					6	3	4	13
Gifted	1.0%	57	29	39	125					57	29	39	125
TOTALS	11.20%	636	320	436	1392	190	54	24	268	441	263	367	1032

*(Col. 2) Compute by multiplying Prevalence figures (Col. 1) by school population at the Prim. Int. & Sec. levels
**(Col. 4) Compute by subtracting Col. 3, Children Served, from Col. 2, Total Estimated Children. Prim. should include preschool population through grade five, Int. grades six through eight, and Sec. grades nine through twelve
The prevalence rates (Part , Sec. B, County Plan) indicate the number of children in the major special education categories that might be found in any given pupil population. These rates are estimates based on recent reports in the literature, the Illinois Census of Handicapped Children conducted in 1958 & 1962, and reports from the Bureau of Ed. for the Handicapped, U.S. Office of Ed. and on the National Finance Study. These prevalence rates may not be realistic for all counties and therefore may not accurately reflect a county's total need. However, these figures may serve as a good preliminary base from which to work.

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Table 11

County: Marion
Fiscal Year: 1974

SURVEY OF EXCEPTIONAL CHILDREN AND ESTIMATE OF PERSONNEL NEEDS

Area	1	2*				3				4			
	Prevalence	Estimated Number of Children				Children Served This Year				Children Unserved This Year			
		Prim.	Int.	Sec.	Total	Prim.	Int.	Sec.	Total	Prim.	Int.	Sec.	Total
Educable Mentally Retarded	2.00%	114	57	78	249	30	54	15	79	84	23	63	170
Trainable Mentally Retarded	.25%	14	7	10	31	10	2		12	4	5	10	19
Physically Handicapped Classes	.15%	9	4	6	19					2		1	3
Homebound and Hospitalized	.50%	28	14	19	61	5	1	8	14	23	13	11	47
Speech and Language	5.0%	285	145	195	625	145	11	1	157	140	134	194	468
Deaf and Hard of Hearing	1.075%	61	31	42	134					61	21	42	134
Blind & Partially Sighted	.0993%	6	3	4	13		4		4	6		4	10
Behavioral Disorders Emotionally/Socially Maladjusted	2.0%	114	58	78	250		2		2	114	56	78	248
Specific Learning Disabilities	3.0%	171	81	117	375					171	81	117	375
Multiple Handicapped	.10%	6	3	4	13					6	3	4	13
Gifted	2.0%	114	58	78	250					114	58	78	250
TOTALS	15.1743%	916	416	643	2020	190	54	24	268	725	406	602	1739

*(Col. 2) Compute by multiplying Prevalence figures (Col. 1) by school population at the Prim. Int. & Sec. levels
**(Col. 4) Compute by subtracting Col. 3, Children Served, from Col. 2, Total Estimated Children. Prim. should include preschool population through grade five, Int. grades six through eight, and Sec. grades nine through twelve
The prevalence rates (Part , Sec. B, County Plan) indicate the number of children in the major special education categories that might be found in any given pupil population. These rates are estimates based on recent reports in the literature, the Illinois Census of Handicapped Children conducted in 1958 & 1962, and reports from the Bureau of Ed. for the Handicapped, U.S. Office of Ed. and on the National Finance Study. These prevalence rates may not be realistic for all counties and therefore may not accurately reflect a county's total need. However, these figures may serve as a good preliminary base from which to work.

open in the Workshop for the 1974-75 school year. The attendance in this program is dependent on transportation from outlying regions of the county.

Operation Childhunt. Evidence that TMR's are not being served is offered by Operation Childhunt, conducted by a local women's group in 1973. Correcting for one year change in the ages, 11 mentally retarded children from age 6 through 10 are not attending school, 12 mentally retarded youth from age 11 through 16 are not attending school, and 6 young men and women from age 17 through 23 are not attending high school or the Opportunity Workshop. Two children of undetermined age were found. If it is assumed that these are primarily TMR children, then the number is nearly double the estimated numbers unserved in the elementary and intermediate levels. The 3 youth of high school age represent only a third of those estimated to be unserved. Commitment to institutions, work, and placement at the Opportunity Workshop could have contributed to the relatively low numbers in this age group. The higher numbers in the lower age groups could be due to EMR's whom parents had held out of school. It was impossible to discriminate between TMR's and EMR's from the Childhunt MR data.

Physically Handicapped Needs. There are no services specifically for the physically handicapped in the county. In spite of this, only 3 school age children were found not to be attending school. The 3 five-year-olds may or may not be attending school now.

Based on the age of most of the schools, there are evidently architectural barriers in the older schools for the orthopedically handicapped. The areas of greatest need are for transportation, access to buildings, reaching second story classrooms, unusable desks and lockers, food service access, provision for therapy, and rest rooms access and privacy.

Homebound (Home)/Hospitalized (Hospital) Needs. At the elementary level, only about one-fourth of the potential population is being served and at the intermediate level only 1 out of a potential 8 is benefiting from teaching. The secondary population appears to be better served. Although four homebound teachers are listed, only two of them are serving a full complement of children.

Speech and Language Needs. If the higher percentage (5% instead of 3.5%) is used, only about one-half of the

elementary students are being served. However, the intermediate students are poorly served and the secondary student virtually not served at all. If one assumes that the speech and language teachers are doing an excellent job and reducing the need in the higher grades, then the needs are well met. If, however, the upper grades are neglected because of a lack of clinicians to carry out the assistance necessary, then the need is great.

Deafness and Hearing Impairment Needs. The 1974 Marion County Plan shows that no students that are hard-of-hearing are receiving services in the schools. It is assumed that all totally deaf children are attending school at Romney School for the Deaf and that some of the hard-of-hearing are receiving some speech therapy.

Operation Childhunt did not uncover any hearing impaired children who were not attending school. The greatest needs are for specialists in hearing to assist those in need and assistance with hearing aids, early detection, and operations for those who can benefit from them.

Blindness and Sight Impairment Needs. The 1974 Marion County Plan indicates that four partially sighted intermediate pupils received assistance. There was no service to the estimated ten students in the elementary and secondary levels. Operation Childhunt found two entry-age children who have either entered school or enrolled in the Romney School for the Blind.

One blind child is known to be entering a private school in the 1974-75 school year. One blind student is entering Rivesville High School. All necessary materials have been ordered for both. The primary needs of the partially sighted are large-print books, special glasses, and operations for correctable problems.

Emotionally and Socially Maladjusted Needs. The 1974 Marion County Plan shows that only two of these students were served at the elementary level. The lack of a psychologist hampers service to students in the schools which may need it.

It is suspected that some of the students now attending the EMR classes are actually emotionally or socially maladjusted, and some are so culturally deprived that they evidence retardation.

Several young people who are often truant from school could benefit greatly from psychologist services in the school. In addition, these students would probably find vocational school more relevant and rewarding than academic failure.

An example was supplied by Marion County's attendance director:

> George* - age 14 - has an emotional problem along with school phobic tendencies. Problem is that his mother is on strong medication for a nervous problem (she would be institutionalized but for the medication). George's father is 75 years old with a severe heart condition. His psychiatrist says George suffers from anxiety related to what would become of him if his father were to die. George has a reading problem. He was in special education at school but it failed to challenge him. This boy deserves some type of education; if anything were to happen to his father he should have something to fall back on.

Specific Learning Disabilities Needs. Although no learning disability services are being provided, two classes are scheduled to begin with the 1974-75 school year.

If the 3% figure is correct, there may be as many as 375 children in the county with specific learning disabilities. Dr. William Svoboda, a West Virginia University Medical Center Pediatric Neurologist, has worked with a number of children from Marion County and is concerned for the great number that are not being helped.

Dr. Donald Moroose, a Fairmont State College educator who operates a clinic for learning problems, estimates that fully 20% of Marion County's children are handicapped by undetermined learning disabilities or other problems that are neglected. He feels that the greatest problem is an environmental one--the sheer cultural deprivation of children until they respond as though they were mentally retarded.

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* Name changed for this report.

Multiple Handicapped Needs. The estimates would indicate that 13 multiply handicapped children are unserved. Operation Childhunt indicated only one family with a multiply handicapped child not in class.

Some of the multiply handicapped children from the county are undoubtedly in state institutions like Colin Anderson or Romney, the Opportunity Workshop, or in the MR classes. Homebound and hospital programs probably care for others.

Actual needs do not appear to be great, but consideration should be given to anticipated needs based on the estimate.

Gifted Needs. There is no provision for the estimated 250 gifted children in the county schools. The need is great. Special enriched classes could be formed in nearly all the schools.

Autism. Operation Childhunt found only one autistic child in its survey. The need for special services for autism do not appear to be too great at this time.

General Needs. There appears to be a mixing of some children with learning disabilities, emotional and social maladjustment, and cultural deprivation in the special MR classes. These students could succeed if their special needs were given more direct assistance. Some special classes for these problems need to be placed in central locations to which students could be transported.

Programmatic Needs

The needs of the existing special education programs in Marion County are great. If potential new programs are explored, the needs are even greater. The problems associated with analyzing the complex needs of a comprehensive program are immense. Some systematic process for reviewing and analyzing the Marion County Special Education Program is essential to covering the extent of the needs without getting lost in the details. Frank Scalise's "Check List for Appraising the Organization and Administration of the Special Education Program" (1965, p. 98-108) provides an excellent vehicle for accomplishing the task. In the words of Scalise: (p. 97)

> The following check list is based on the recommended practices and procedures which appear to have application in the organization and administration of comprehensive programs of special education. Completing and analyzing the check list will be helpful in the initiation of special education programs as well as the evaluation and improvement of existing educational provisions for exceptional children or youth.

The coordinator for special education in Marion County was asked to review the check list under two frames of reference. The first frame of reference was a current needs viewpoint and the second was an expected needs viewpoint. The first frame of reference will be reviewed here. The second frame of reference will apply to alternative plan development.

General Special Education Components

The special education program in Marion County has adopted:

1. A philosophy of special education (Price, Policy Manual..., 1974, p. 2).
2. A statement of program objectives.
3. A policy concerning referrals.
4. A policy concerning selection.
5. A policy concerning admission.

6. Procedures for evaluation of pupils.

7. Procedures for re-evaluation of pupils.

The following policies have not been formulated and adopted:

1. A formal transfer policy. Currently, each case is handled individually.

2. A termination policy. Termination of the need for special education is handled individually for each case. No graduation policy exists for those completing secondary school.

No advisory committee composed of lay and professional citizens to aid in the development of special education currently exists.

District College and University Services

The West Virginia University Medical Center has assisted with:

1. The identification of exceptional pupils.

2. The diagnostic evaluation of exceptional pupils.

District colleges (Fairmont State) and Universities (WVU) have not been contacted to gain assistance with the following services:

1. Counseling for exceptional pupils.

2. Job placement for exceptional pupils.

3. Counseling for parents of exceptional pupils.

Problems of Organization and Administration of Special Education

Planning has been done to alleviate some common problems associated with the organization and administration of special education in the following areas:

1. Lack of funds.

2. Insufficient qualified personnel.

3. Inadequate building facilities, materials, and equipment.

Since these areas have further needs which have not been met by existing planning, further planning may be required.

Program Evaluation

The educational program for exceptional students in Marion County is currently evaluated annually. During this informal evaluation, the following criteria are reviewed:

1. The adjustment and achievement of pupils enrolled in the program.

The annual evaluation is not formal and does not evaluate the degree of support from the Board of Education, the regular school staff, and the community, parents, and students. No evaluation is made of the planning and participation by the entire school staff and lay members in the community.

Survey of Exceptional Children

An annual survey of exceptional children is made by school personnel within the schools.

The school personnel who participate in the survey include remedial reading teachers, speech and hearing therapists, principals, supervisors, teachers, and school social workers. Currently, school psychologists, guidance counselors, school nurses, and physicians do not participate in the survey.

Currently, no means is available to survey the exceptional children in the preschool ages. Professional survey personnel are not employed to assist in conducting the survey.

The current annual survey gathers the following information:

1. Data on existing exceptional children already identified.

2. Identification of community services to aid special education.

3. The need for physical plant facilities.

The current annual survey does not gather the following information:

1. Data on all children (normative data, preschool children, and those not yet defined as exceptional).

2. Assessment of community interest.

3. Personnel information.

No planning has been done to alleviate the cost of and improve the financing of the annual survey and to provide for the use of outside consultants to improve the survey process.

Referral of Exceptional Pupils

Initial referrals of exceptional pupils for evaluation are made by teachers, parents and private medical personnel. These referrals are made without the completion of a comprehensive referral form.

The following information is unavailable on referred pupils:

1. Educational background

2. Psychological evaluation

3. Medical history

4. Family background

Currently, individuals who refer exceptional pupils are only informed of their task through workshops and conferences. They do not necessarily have any special education coursework, experience in observing exceptional children, or a handbook to use. A handbook is planned for each principal in the 1974-75 school year.

The person who does the referring generally meets with special education staff prior to any evaluation of the child. At the present time, there is no formal evaluation or placement committee. The decision to place a child in special education is made jointly by the parents, special education coordinator, regular teacher, principal, private psychologist, and special education director (Price, 1974, p. 8). No single person can place a child.

The following personnel are not currently available to serve as members of a placement committee:

1. School Psychologist
2. Clinical Psychologist
3. Psychiatrist
4. Neurologist
5. School Physician
6. Audiologist
7. Sight Conservationist
8. School Social Worker (available in ESEA I schools).

Placement

The following factors are considered in the placement of the exceptional child:

1. Type and degree of exceptionality.
2. Number of exceptionalities.
3. Age at onset of condition.
4. Present age of pupil.
5. Scholastic aptitudes, interests, and achievements.
6. Behavioral characteristics.
7. Social maturity.

8. Vocational goals.

9. The limited alternative educational programs available.

10. Special competencies of available teachers.

11. The location of different special education services.

12. Distance of special education services from the child's home.

13. Parent attitudes and interests.

14. Home conditions.

15. Pressures on the child, his family, and his teacher.

The only factor currently not considered is the condition of the child's neighborhood.

Parental Involvement

There is some cooperative planning by teachers and parents in regard to the child's special education. In every case, written permission of the parents is required before placement of the child in any special education program. However, there is limited interpretation of the results of educational, psychological, and medical reports to the parents following their written consent.

Although parents of exceptional children currently meet with the parents of the regular school children in parent-teacher associations, no special group of parents of exceptional children has been formed.

No program for parent education has been developed. Such a program might provide:

1. An understanding of the various types of exceptionalities.

2. An understanding of the needs of exceptional pupils.

3. Educational planning and vocational preparation for exceptional pupils.

4. An understanding of the preparation of teachers and specialists for exceptional children.

5. Demonstrations of special education teaching techniques, materials, equipment, and facilities.

6. An understanding of the part the home plays in the education of exceptional children.

The parents are informed of their child's progress through letters and parent-teacher conferences. Although report cards are presented these do not signify the grade level of the child in skills and in all areas of achievement.

Scope of Special Education

The school system does not provide preschool programs for the handicapped below the kindergarten entry age.

In planning the teacher-pupil ratio in elementary and secondary special education classes and services, the school district considers the following factors:

1. Age range of the pupils.

2. Ability levels of the pupils.

3. Educational achievement of the pupils.

4. Type and degree of handicap.

5. Behavior management of the group.

6. Experience of the teacher.

7. Available teacher-assistance.

There are currently no provisions for special education beyond the age of eighteen.

Personnel

Teacher assistants are currently employed to aid the county TMR classes. No aides are used to provide the special services for other types of handicaps. Two additional aides will be employed for 1974-75.

Teachers of special education have been recruited through universities and the regular school staff. However, outstanding teachers have not been induced to enter special education through:

1. Differential in pay after acquiring training,
2. Sabbatical leave with full or partial pay,

   or

3. A scholarship to attend a college or university.

Inservice education for the special education personnel of the county includes:

1. Authorities from colleges and universities brought in to speak about special education.
2. Attendance at educational institutes or conferences. (The use of substitute teachers is discouraged by the limited funds.)
3. Enrollment in classes at nearby colleges and universities.
4. Observing special education programs in other school districts.
5. Attending special group discussions and workshops.

Administration

A supervisor (coordinator) is employed to visit teachers and specialists to assist them in upgrading their instruction. The frequency of visitation is

governed by the following factors:

1. Size of the special education program.
2. Number of available supervisors.
3. Experience of the teachers and specialists.
4. General needs of the school district.

The regular class and special class teachers work together often and the various school administrators (principals) plan both regular and special classes together. Administrative leadership and the free exchange of teaching techniques, materials, and equipment is somewhat dependent upon the individuals and schools involved.

The EMR and TMR teachers meet bi-monthly and the speech therapists meet weekly to discuss common problems and exchange ideas and possible solutions.

There are no guidance counselors in the elementary schools, so the only potential for guidance counselor assistance for teachers and exceptional pupils exists in Mannington High School.

The following basic qualities are sought in selecting teachers and specialists in the Marion County Special Education Program:

1. Average or above average intelligence.
2. Strong social feeling.
3. Warm and friendly personality.
4. Genuine interest in exceptional children.
5. Technical skills in the area of specialization.
6. Ability to adjust well in the school and community (this is largely unknown until the employee is actually teaching).
7. Resourcefulness and ingenuity in the use of methods and materials.
8. Good physical and mental health.
9. Sense of humor.

10. Common sense.

11. An understanding of individual differences.

12. Leadership ability.

13. Ability to evaluate and criticize self.

The following practical qualifications are sought of new teachers or improved in the existing teachers through inservice:

1. Experience in classroom teaching with normal children.

2. An understanding of group and individual intelligence and achievement tests.

3. An understanding of the basic principles of child growth and development.

4. A familiarity with local agencies, organizations, clinics, and institutions that offer services to exceptional pupils, and how to secure their services.

5. An attitude that promotes successful relationships with other educators and avoids the "separatistic" approach to special education.

Currently, Marion County special education teachers are not sought with or trained with the following qualifications:

1. Preparation in interpreting psychological and medical records and reports.

2. The ability to develop a variety of special education programs and services, such as unusual groupings.

Vocational Counseling

There is no vocational counseling or planning for exceptional pupils. These services are not currently done in conjunction with Vocational Rehabilitation.

There has been no community survey to determine job opportunities for the graduates of special programs, but one is being conducted in conjunction with this study (see page 63). The current survey did not include participation by all special education personnel.

Community Involvement

The leaders of business and industry have not been made aware of the job potential of exceptional graduates. Although the current survey has provided some awareness, the following activities could be regularly undertaken:

1. Publicizing the special education program.
2. Planning and coordinating a trial placement service.
3. Utilizing community leaders on committees that involve exceptional pupils.
4. Employing a work experience coordinator.
5. Employing a school rehabilitation counselor.
6. Providing follow-up services on all job placements of exceptional graduates.

The following media have been employed to orient the community to the educational programs for exceptional children in Marion County:

1. Press
2. Television
3. Speakers

The following media have not been employed:

1. Radio
2. Films
3. Visitation and open house
4. Exhibits and displays
5. Brochures, pamphlets, and booklets

The Lions Club has assisted the special education program in Marion County. The contribution of other fraternal organizations is unknown.

Program Characteristics

All special education classes are currently operated in regular school buildings. The size of the classroom used is planned according to the following factors.

1. Number of pupils enrolled in the class.
2. Special requirements of specific types of exceptional children.
3. Age of the pupils.
4. Kinds of activities to be conducted in the room.
5. Availability of rooms.

The TMR class has an outside entrance at street level. The EMR classes have a very small library located in the classroom.

Agency Cooperation Needs

The basic needs of the handicapped in Marion County have existed long before there was a school system to meet those needs associated with education. Fraternal organizations, church-affiliated groups, foundations, and charities, as well as health and welfare institutions of the government, have been working with the handicapped long before education became sophisticated enough to consider its special segments of the school-aged population.

These highly-developed service agencies have much to offer in the development of comprehensive special education for exceptional children. To overlap services, to limit services and technology by small organizations and budgets, to compete for children to provide services, and to limit cooperation because of personality, professional, or ideological differences all lead to a condition where children and their parents are either confused, denied services, made to wait, or completely neglected.

Major Cooperating Agencies

Of most importance in comprehensive planning is the cooperation of the major agencies charged with the responsibility for the handicapped at the federal, state, and local levels. Federal statute mandates cooperation at the national level. The West Virginia State Departments responsible for the handicapped have been cooperating for many years, culminating in special education agreements as a result of the Vocational Education Amendments of 1968 (see Appendix A) and the most recent Developmental Disabilities Plan ("Planning for...," 1973-74). Each locality still has the responsibility for seeing to it that cooperation exists at the local level.

The primary governmental agencies responsible for the education of the handicapped are shown at the various governmental levels in Figure 1. The primary agencies are Special Education, Vocational Education, and Vocational Rehabilitation. Secondary agencies such as Social Security, Employment Security, Health, and Welfare are also included. Solid lines indicate communication of authority, responsibility, and policy, flowing through planning, guidelines, and mandates. Broken lines show primary cooperative needs. All of the cooperative links needed are not shown.

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Governmental Cooperating Agencies

System Relationship

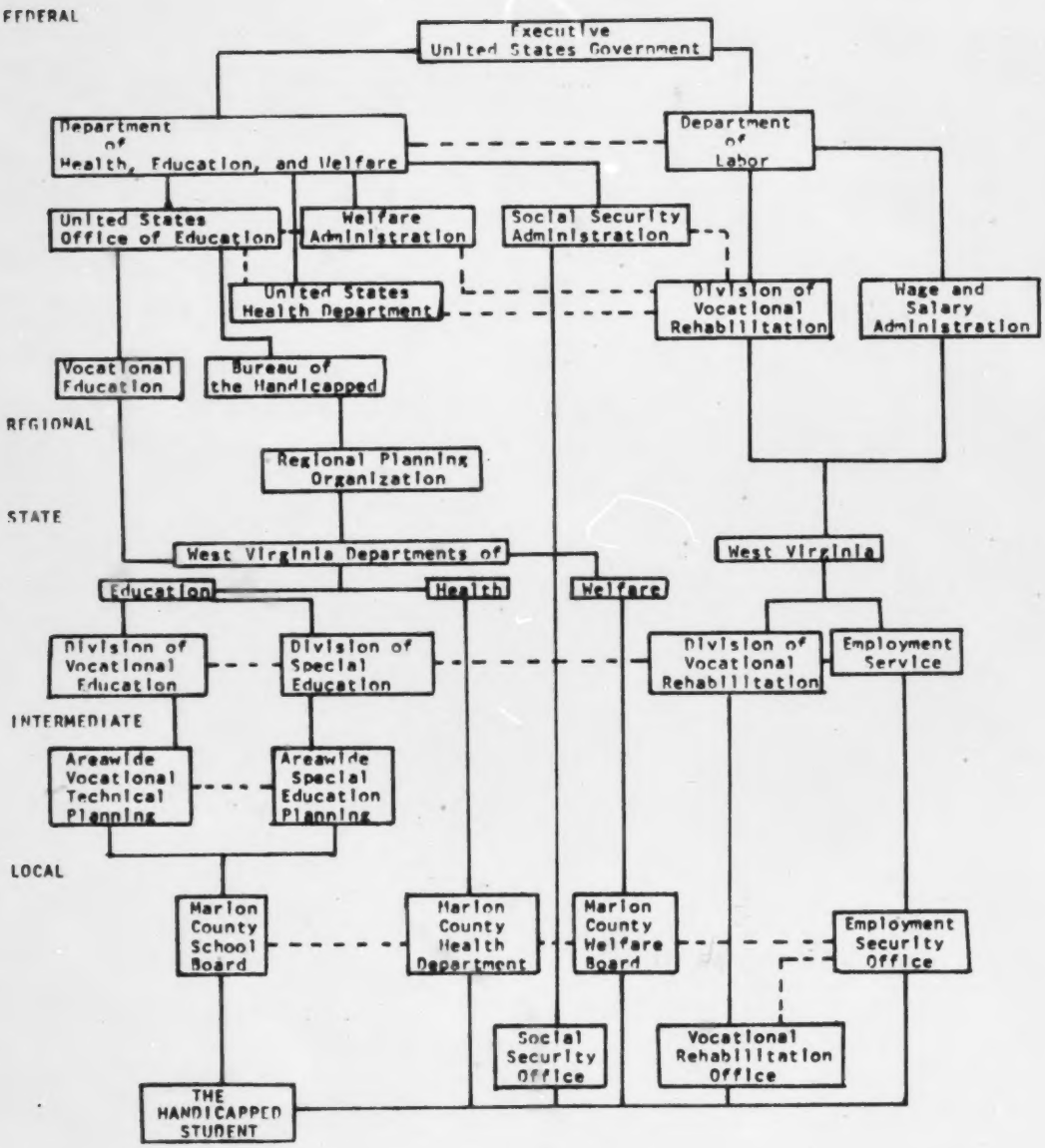

Figure 1

Special Education. The primary responsibility for academic education of exceptional children at the local level falls on the special education professionals in the county school system. The county has a director and coordinator of special education and a fine policy manual (revised 1974). However, the staff is not sufficient to meet this policy.

The Special Education Screening and Placement Committee currently lacks the services of a school psychologist. The person administering tests must be highly qualified. There is need for at least one more special education teacher at the secondary level for EMR students and at the intermediate level for TMR students. At least two or three learning disability specialists are needed. Additional school psychologists (and possibly classroom teachers) are needed for the emotionally and socially disturbed. Three MR specialists at preschool level, two day care specialists, and several baby sitters could be employed in a preschool program for the handicapped. Physical therapists and dietary specialists could also be employed.

In the absence of many of these personnel, the need for cooperation with other agencies which could provide the same services is great.

Vocational Education. Since the largest exceptional populations (the mentally retarded, learning disabled, and emotionally/socially disturbed) are not likely to succeed academically, it is highly important that vocational education provide the employability skills mandated by the 1968 Amendments. Aside from the few students in vocational classes in the high schools and the occasional student placed in a class at the Vocational Technical Center, there are currently no formal programs of pre-vocational or vocational training for these special populations.

There is need for pre-vocational classes in the high schools and for a sampling of several semi-skilled vocational blocks in the Vocational Technical Center. In addition, each high school could use a work-study coordinator, devoting half of each day to establishing in-school work-study and courses and the other half-day working with local business and industry on cooperative programs of work training, tryout, and placement with supervision and counseling of those already placed.

Vocational Rehabilitation. The purpose of rehabilitation is primarily financial. A small investment in equipment, training, or counseling can often turn a disabled indigent into a productive citizen. However, for the young man or woman who has been exceptional from birth or an early age, a pattern of chronic dependence has been established. Dropping out or "graduating" from high school, the handicapped youth is doomed in a search for a job unless help is readily available.

The Division of Vocational Rehabilitation Branch Office in Marion County has only limited resources to serve the area. There is a need for several rehabilitation counselors in the schools. A rapport with the potentially jobless must be established early to adequately assist them to satisfactory job placement, adjustment, and some independence. The counselors could work very closely with vocational and special educators to insure that each handicapped child got the best help available for a person of his abilities.

Secondary Cooperating Agencies

Some local governmental agencies have responsibilities which are highly specialized but vitally important to the education of the handicapped. The full cooperation of these agencies can make the difference between a comprehensive program and one with limited scope. The secondary agencies include the County Health Department, Welfare Board, Employment Security Office, and Social Security Office.

Health Department. The Marion County School Board has only a minimal physician and nursing staff. Particularly with the poor, a large population of handicapped students, there is a great need to provide basic diagnosis and correction of medical problems which either cause or contribute to disabilities. Another area the County Health Department could be of assistance in would be early detection in preschool children. Along with the process of providing infant immunizations, a routine report on each exceptional child could be filed with Special Education.

Welfare Board. The profoundly and severely handicapped may never be educated or trained to the point where they can be productive enough to be fully self-supporting. However, sheltered workshops have proven that these people can reach partial support. Since the work and social interaction at the work setting can

provide therapeutic benefits as well as partial support, there is a great need to work out supplemental welfare systems whereby cooperative agreements between a workshop and welfare provide a minimum standard of living without restricting the amount of work. Similar agreements might be used to induce private employers to hire the disabled at less than minimum wage depending on their productive ability.

Social Security. In cases where the handicapped are also poor, supplemental social security benefits could be used to support a child's education. This would be particularly useful to the youth of 18 to 22 years who can receive benefits as long as he remains in school. Cooperative agreements could provide this income during the long work adjustment phase that some of the disabled must go through before they can become competitive on the open job market.

Employment Security. The Employment Security Office must give top priority to the handicapped. The truth is that they presently serve only those who seek their services and actually have very few jobs that are available to the handicapped. There is a need for special and vocational education to provide the employment office with the information on handicapped youth that will need placement after education, work evaluation, training, and adjustment. The requirement that all companies conducting government contracts hire a certain percentage of the handicapped in their work forces should increase the number of jobs the employment office has to offer.

Private Agencies

Aside from governmental services, a number of private agencies have and will continue to provide services for the handicapped. These services range from direct support of the school system to publicity, to lobbying for laws for specific disabilities. The Marion County agencies are shown in Figure 2.

Marion County Association for Retarded Children (ARC). The ARC is largely an organization of parents of retarded children. Its pooled resources have been applied to the operation of the Opportunity Workshop and other services such as recreation, baby sitting, crisis assistance, and counseling.

Private Cooperating Agencies
System Relationship

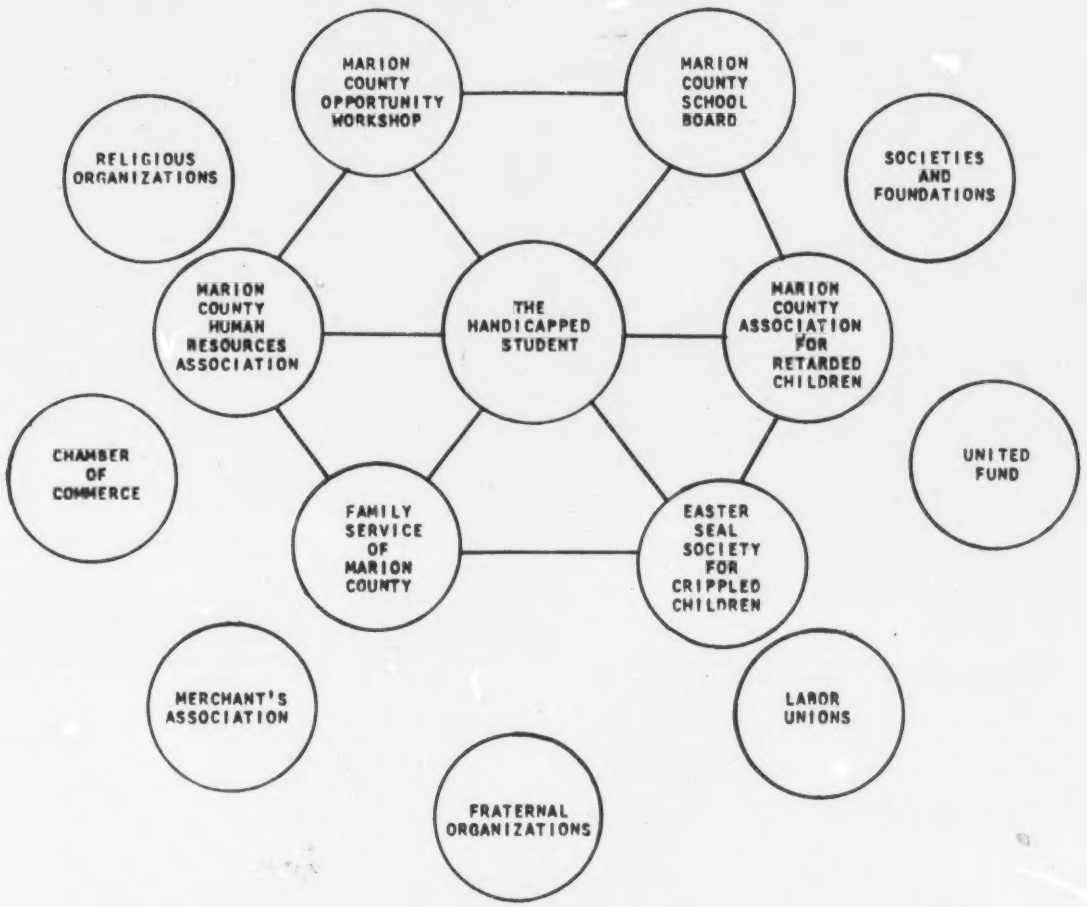

Figure 2

ARC can be of assistance to special education by continuing these services and helping with a periodic Operation Childhunt to locate exceptional children.

Marion County Opportunity Workshop (Op Shop). The Op Shop operates on subcontracts with local industry and supplemental funding from several other agencies. It recently moved to new quarters (August, 1974) in a better location, but its space needs in the product area still exceed the building it is occupying. Some cooperation with special education has resulted in a key special education class at the Workshop for the TMR's and multiply handicapped.

The urgent need for some work evaluation and work adjustment training can be met by cooperation between Vocational Technical Education and the Op Shop. With proper cooperation, the Workshop could provide the final experience for high school-aged youth prior to entering cooperative or full employment in local industry.

Since the severely retarded may never be able to achieve full independence in private employment, there is a need to provide separate transitional and terminal workshop production areas.

Human Resources Agency (HRA)-Valley Center. HRA is a private mental health organization operating under contract to the County Court and Department of Mental Health. It has a complete psychiatric, psychological, and sociological staff and provides this kind of services. Since the school system does not have enough of these professionals (see page 46), there is a great need for cooperation to improve these services for children in the schools who need them.

The school system could contract with HRA for evaluative services including psychological testing and interpretation, conferences with families, psychiatric analyses or referrals, and classroom observation of behavior. Once a diagnosis had been made, follow-up and consultation services including individual and family counseling; consultation with teachers, principals, counselors, and other collaterals; behavioral modification programs; home visits; use of 24-hour emergency service; and positive support system development for exceptional children could be conducted.

As an alternative to institutionalization HRA

advocates group residences in the community where children would both live and learn together.

Family Service of Marion and Harrison Counties, Incorporated. Family Service is dedicated to preventing the breakdown of the family. It can offer complementary services to the school system by providing family counseling, crisis assistance, and planning. At the preschool level, Family Service can provide early detection and play therapy. Cooperation with the school district can improve the services to families with exceptional children.

Easter Seal Society for Crippled Children. The Easter Seal Society Helps orthopedically handicapped children to succeed by providing prosthetic devices and other materials to assist them to be more mobile and independent. The recent expansion in the number of types and sophistication of this new technology, accompanied by increasing costs, requires close cooperation between schools and the society to provide the best equipment for each child.

United Fund. The United Fund provides funds for the operation of the ARC, Op Shop, HRA, and Family Service and therefore is crucial to their operation. Cooperation with the annual fund drives is very important to the continuing operating levels of these organizations.

Other Organizations

The other organizations shown in Figure 2 do not need direct cooperative links with the Marion County School System. However, these organizatons provide opportunities which are more appropriately presented in Chapter III.

Often when new machinery is introduced, the handicapped person can become an even more effective worker than before because less physical strain is required.

Automation, Manpower, and Education

Jerry M. Rosenburg

Random House New York

Page 35 1966

CHAPTER III

SURVEY OF OPPORTUNITIES

There is much precedence for what opportunities are possible for the handicapped in Marion County. District and area-wide special education programs abound. It was possible to thoroughly examine the district and existing programs for potential development of opportunities.

Opportunities that had to be explored included:

1. Opportunities for work and training within the business, industry, and service sectors of the county.

2. Opportunities for program development, based on what previous programs had achieved in other districts.

3. Opportunities for cooperation between school, governmental, and private agencies to provide a continuum of services at the least cost.

Organizational Survey

It is estimated that a majority of the handicapped stay in the locality where they grow up (Crawford & Cross, 1967, p. 17). This is particularly true of the more severely disabled who require family support. It is therefore necessary to determine the ability of the local community to absorb these people when their schooling is over. Ideally, the transition between school and work should be minimized.

Given that there is enough opportunity to employ the handicapped, the nature and types of abilities that are needed is essential to providing a relevant education for that opportunity.

The quickest (and statistically accurate) way to collect information on the quantity and types of opportunity was to conduct a survey. After preliminary discussion, a meeting between School Board officials, the Marion County Chamber of Commerce Director, and the Fairmont Merchant's Association Director was held on May 24, 1974. The purposes of the meeting were to inform the business people of our intent to conduct a survey and to ask their advice about conducting such a survey. The following conditions for the survey were arrived at as a result of the meeting:

1. There would be no advance newspaper publicity that a survey was being conducted.

2. Only those willing to be a part of the survey would be asked to participate.

   Note: This implied that organizations would have to be telephoned in advance to determine their willingness to participate.

3. The written survey form would be limited to one page to save respondent time.

4. The emphasis of the form would be on abilities, not disabilities.

5. Certain special organizations would be the subject of a directed effort based on past record and status within the community. This included organizations which were particularly suited to employing or training the handicapped.

6. Certain organizations would be selected at random from the best list that could be assembled.

7. Organizations would not be obligated in any way, and could remain confidential if they wished.

Description

The organization survey began by identifying the population to be sampled. Organizations included in

the population ranged from governmental agencies, to schools, businesses, and industries. A special list of 26 organizations was identified to form the core of the special survey. A thorough review of the yellow pages of the Fairmont telephone directory (countywide) revealed approximately 1000 potentially surveyable organizations. Each organization was sequentially numbered and every effort possible was made to avoid numbering the same firm twice. People who were listed as individual professionals (i.e., doctors, lawyers, barbers, insurance agents) were not included because of their limited potential as employers. However, firms made up of several of these professionals were included. The self-employed, as a rule, were included, because of their potential of future employment of part-time help and the information available to handicapped people who would wish to become self-employed.

The survey materials included an introductory letter, a rationale for hiring and assisting the handicapped, the survey form, and a potential joblist of work that had been accomplished by handicapped people from other programs. Assistance in developing the rationale, survey, and joblist was derived from reviewing the surveys conducted by Project D.O.V.E. (Development of Vocational Education, Nenni, 1971), Project B.R.A.V.O. (Basic Related Academic Vocational Occupations, Rine, 1972), and by the Marion-Wetzel-Monongalia Vocational Education Survey of 1973. A High School Work-Study Program for Mentally Subnormal Students (Kolstoe and Frey, 1965) and Vocational Education for Handicapped Persons (Young et al, 1970) also provided information on how to construct the materials. The survey materials are presented in Appendix D.

Procedure

The first step in conducting the survey was to determine the size of the random sample. Since each organization would have to be phoned, it was decided that 100 "yes" answers to the participation question would be the cut-off point for mailing survey forms. If all of these organizations returned their forms, a 10% cross section of the county would be provided by the random survey.

A master list of organizations was constructed by listing the 26 directed respondents first. Each organization was given a code number which would be used for identification in case the name was difficult to locate

alphabetically or the firm chose to remain confidential. The means for determining confidentiality would always be to circle the code number wherever it appeared. A circled code number on any document means that the number should always be used in place of the firm name.

As a check on the master list and to provide survey progress information, a file card was made for each organization. An example of the card is shown in Appendix D.

To identify firms to be placed on the master list after the initial 26-firm list was constructed, a random process was used. Three-digit random numbers were selected from a table of 5,000 random digits in Introductory Engineering Statistics (Guttman & Wilks, 1965, p. 311-313). These numbers were placed on the master list. A corresponding numbered firm in the phone book matched each random number. This organization was added to the master list. In some cases, random numbers repeated or firms had inadvertently been numbered twice. This problem was easily met by merely dropping the repeating organization and continuing to select from the population that remained.

Calling began on June 20, 1974. The special list of firms was called first and they all agreed to complete the survey form. During the conversation, effort was made to get the permission of the owner, president, or manager to send the survey. However, details of the survey could be handled by a contact. The card was completed as much as possible during the conversation, too. Correct names, titles, addresses, and phone numbers were essential to the success of the survey. Other information on firm size and product or service was also gathered, if possible.

Within a week of the call (mostly the same day) a letter was typed and the survey materials were sent with a postage-paid return envelope enclosed. Since it was often difficult to get the key person for permission, some organizations had to be called as many as five times. New firms were added to the master list and called until 125 had agreed to respond to the survey by July 10, 1974. In all, 171 cards were completed. This number does not represent all organizations on the master list, but some were deleted because their phones were disconnected, they were going out of business, or they were self-employed (i.e., photographer) with no promise at all as an employer. Hostile firms were recorded on the cards and some agreed to complete the forms. Comments on the cards indicate the difficulties with most negative organizations. Future contact should heed these comments to improve communication.

As the survey forms came in, their receipt was recorded on the cards and the information was checked for accuracy against the contact-completed forms. A number of errors on the cards were corrected in this manner.

On July 24, 1974, follow-up calls were begun. At that time, 46 of the 126 forms had been returned. Most firms complained of a lack of time to complete the form. The first round of follow-up calls was concluded on August 8, 1974. The second round was begun on August 8, 1974, and concluded the same day. The major reasons given for not completing the form were that the chief executive officer was on vacation, the firm had not received the original survey, approval was needed by the company headquarters in some distant city, or they were too busy and had placed the form aside, forgetting it. Continued calling may have prompted a few of these employers to return the forms, but most who had not returned them by August 8 had probably changed their minds about their original decision to respond.

Analysis

The basic survey data is presented below:

1000 organizations were identified in the county.
184 organizations were placed on the master list (telephoned).
171 organizations were recorded on cards (includes 7 that were submitted for the special list after telephoning was concluded).

125 organizations agreed to respond to the survey.
24 special organizations agreed to respond to the survey.
101 random organizations agreed to respond to the survey.

70 first round follow-up calls were made.
3 second round follow-up calls were made (time limited).

71 organizations responded to the survey before the August 10, 1974, cut-off date. This was 56.8% of those who agreed to respond.

21 special organizations responded to the survey before the August 10, 1974, cut-off date. This was 91.3% of those who agreed to respond.

51 random organizations responded to the survey before the August 10, 1974, cut-off date. This was 50.5% of those who agreed to respond.

150.7 was the average number of persons employed by the organizations sampled. (n = 72)

356.67 was the average number of persons employed by the special organizations. (n = 21)

16.5 was the average number of persons employed by the random organizations. (n = 51)

54 was the average number of males employed by the organizations sampled. (n = 67)

170.8 was the average number of males employed by the special organizations. (n = 18)

11.1 was the average number of males employed by the random organizations. (n = 49)

39 was the average number of females employed by the organizations sampled. (n = 67)

129.6 was the average number of females employed by special organizations. (n = 8)

5.8 was the average number of females employed by random organizatons. (n = 49)

4.01% was the average turnover of the organizations sampled. (n = 46)

3.62% was the average turnover of special organizations. (n = 14)

7.07% was the average turnover of random organizations. (n = 32)

Response to discussion questions by all organizations. (n = 72)

Would you be willing to discuss the possibility of:

1. Hiring handicapped people?

Yes	No	NR*
36 (50.0%)	11 (15.3%)	25 (34.7%)

2. Training handicapped people?

Yes	No	NR
28 (38.9%)	16 (22.2%)	28 (38.9%)

3. Hiring specifically trained handicapped people?

Yes	No	NR
36 (50.0%)	10 (13.8%)	26 (36.2%)

4. Sharing in the training of the handicapped?

Yes	No	NR
30 (41.7%)	15 (20.8%)	27 (37.5%)

5. Trying-out some handicapped people on jobs?

Yes	No	NR
29 (40.3%)	12 (16.7%)	31 (43.0%)

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* Note: NR means no response.

Response to discussion questions by special organizations. (n = 21)

Would you be willing to discuss the possibility of:

1. Hiring handicapped people?

Yes	No	NR
16 (76.2%)	1 (4.8%)	4 (19.8%)

2. Training handicapped people?

Yes	No	NR
11 (52.4%)	3 (14.3%)	7 (33.3%)

3. Hiring specifically trained handicapped people?

Yes	No	NR
14 (66.7%)	1 (4.7%)	6 (28.6%)

4. Sharing in the training of the handicapped?

Yes	No	NR
12 (57.2%)	2 (9.5%)	7 (33.3%)

5. Trying-out some handicapped people on jobs?

Yes	No	NR
13 (62.0%)	1 (4.7%)	7 (33.3%)

Response to discussion questions by random organizations. (n = 51)

Would you be willing to discuss the possibility of:

1. Hiring handicapped people?

Yes	No	NR
20 (39.2%)	10 (19.6%)	21 (41.2%)

2. Training handicapped people?

Yes	No	NR
17 (33.3%)	13 (25.5%)	21 (41.2%)

3. Hiring specifically trained handicapped people?

Yes	No	NR
22 (43.2%)	9 (17.6%)	20 (39.2%)

4. Sharing in the training of the handicapped?

Yes	No	NR
18 (35.3%)	13 (25.5%)	20 (39.2%)

5. Trying-out some handicapped people on jobs?

Yes	No	NR
16 (31.4%)	11 (21.5%)	24 (47.1%)

Conclusions

The most important conclusion that can be drawn from the business-industry-service survey is that opportunity for employment and training exists in abundance in Marion County. In spite of a slow decline in population (especially in rural sections of the county), recent excessive inflation, the recent increase in the minimum wage, increased job skill requirements, union contracts, and a general suspicion of solicitations and investigations, the opportunity exists to establish positive linkage with employers to form lasting cooperative programs and affirmative hiring for handicapped populations. Conclusions from the detailed analysis of survey data follows.

General Impressions from the Telephone Calls. The people contacted by telephone were generally positive. Many expressed a desire to assist the handicapped and recounted stories of disabled people in their employ.

The negative side of the personal contacts expressed itself most often as a fear of obligation or commitment. Agreement to complete the survey form most often came from the executive officer of the firm. This was especially evident with small firms (the majority in the county). Another complaint of the self-employed was that they had nothing to offer. It was difficult to persuade them that their work could be a model for handicapped persons who may wish to become self-employed. Some employers remembered bad experiences they had had with past employees who were handicapped. These experiences were often the result of the misemployment of the person on a job that was unsuited for his abilities. Some of these stories expressed common stereotypes.

Most of the persons contacted did not think in terms of long-range planning. Their concern was that the survey would put immediate demands on their firms which would be difficult to meet.

General Impressions from the Survey Forms Returned. The survey forms were very adequate for thorough return of general information. However, the questions often caused strange response. A few firms had decided they were still interested in helping the handicapped, but had changed their minds about responding. They returned the form uncompleted with a letter explaining their action. Many of the forms were only partially completed.

Scope of the Survey. The survey calls reached nearly one-fifth of the business-industry-service organizations in the county. If the 26 special organizations are subtracted from the 184 organizations that were called (158 organizations), the 101 random organiations who agreed to respond represent a ~10% sample and an agreement rate of nearly two-thirds (65.9%).

Return Rate. The special organizations returned 21 or 91.3% of the 24 sent out. The random organizations returned only 51 or 50.5% of the 101 sent out. The significant difference in return rates (both populations received essentially the same treatment) indicates that future efforts to seek help for the handicapped would have greater success in agreement to respond by selecting their contacts carefully and gathering referrals. The overall return rate was 56%.

The low return of the random organizations (50.5%)

after they had already said that they would respond is more representative of the entire employer population. Even lower return rates can be expected from blanket surveys without prior approval.

Since most of the firms which did not respond did so for reasons that were negative or because they did not wish to be obligated, the results expressed in this analysis are biased positively. How biased the information is is unknown since some firms which were very negative responded.

Number of Persons Employed. The average number of persons employed by the special organizations was 356.67. The average number of persons employed by the random organizations was 16.5. The large difference is easily explained by the selection process for the special organizations. These organizations were often picked for their county-wide influence or because more people (including the handicapped) were known to be employed there. The average number of persons employed by all the respondents was 150.7.

The random figure of 16.5 employees is probably a little high as a representative statistic for the county, because the self-employed and smallest firms were most often hesitant to respond. This effect could have been offset by owners of very small firms (2 or 3) who did not include themselves as an employee.

Number of Males and Females Employed. Not all the firms responded to this question, but those that did were generally larger. Males represent 56.5% of the employees in the special organizations and 65.6% of the random organizations. Some firms employed nearly all females while others employed mostly male workers. The results indicate that opportunity for employment of both male and female handicapped persons would be nearly equal.

Annual Turnover. The special organizations reported that their average annual turnover was 3.62%. The random organizations reported 7.07%. Analysis of the form data indicates that the special organization rate is potentially more accurate because these are generally larger organizations with historical records on turnover. The smaller firms in the more representative random population most often made estimates.

Only 46 of the 72 (63.9%) respondents answered the turnover question. If it is assumed that the ~5000 employees represented by the data amounts to one-eighth of the county work force (estimated at ~40,000) then the average annual turnover of all organizations sampled of 4.01% indicates that ~1600 employment opportunities exist each year in the county. The respondent population represents ~200 employment opportunities each year.

Response to Questions. About one-third of the respondents did not answer the questions. Although some of them expressed positive remarks elsewhere, they were anxious about hidden commitment in responding to "discuss the possibility of:" Some respondents indicated that they were "undecided;" some only answered the "yes" questions, leaving the others blank (these were given a no response value); while others expressed the desire to discuss the whole question of the survey further before responding. Each question will be analyzed independently:

Question 1. The special organizations responded more favorably to the "hiring" question (76.2%) than any other question Only about one in twenty (4.8%) was negative. In contrast, the random organizations responded favorably to the question only about half as often (39.2%) and preferred "hiring specifically trained" handicapped (43.2%).

Question 2. The special organizations responded less favorably to the "training" question (52.4%) than any other question. Negative response to this question was nearly three times that of questions 1, 3, and 5. One-third of the random organizations (33.3%) were favorable, while one-fourth were negative (25.5%).

Question 3. The special organizations were very favorable (66.7%) to "hiring specifically trained" handicapped persons. Only one in twenty (4.7%) was negative. Although the random organizations were less favorable (43.2%) to this question, it was the best response to all the questions. Negative response (17.6%) was the least of all the questions.

Question 4. The "sharing" question registered an average response for both the special and the random organizations. None of the responses appeared to be significant except that only one in ten (9.5%) of the special organizations were unfavorable to it.

Question 5. The "job try-out" question was the least favorable (31.4%) of all questions for random organizations, while only one in twenty (4.7%) special organizations responded unfavorably to it.

In summary, about half of the respondents were willing to discuss specific questions further, with the special organizations being slightly more favorable than the random ones. The special organizations responded negatively at only about half the rate of the random ones. About one-third of the respondents gave "no response" (i.e., negative, positive but unwilling to be committed, undecided) with the random organization choosing this option about one-third more.

Function of Organizations Surveyed. Table 11 summarizes data on the function of organizations surveyed and ranks the most prevalent ones. Some firms had more than one function. A broad range of functions appears to be represented by Marion County business-industry-service organizations.

Retail sales represents the most prevalent function of organizations. However, it was not present at all in the special organizations. Other common functions included repair, manufacturing, service or routine maintenance, and wholesale storage and distribution. From the data it appears that the greatest opportunity for the handicapped exists in retail sales. The other major functions represent a broad range of professional, office, skilled, and semi-skilled positions.

Function of Organizations Surveyed

Rank	Function	Quantity		
		Total	Special	Random
1	Retail Sales	24	0	24
2	Repair	9	1	8
	Manufacturing	8	4	4
3	Service or Routine Maintenance	8	0	8
5	Wholesale Distribution	6	2	4
6	Food Service	4	0	4
	Contracting	3	0	3
7	Insurance	3	0	3
	Rebuilding or Salvage	3	0	3
	Communications	2	2	0
	Education	2	1	1
	Funeral Service	2	0	2
10	Grocery Sales	2	0	2
	Highway Maintenance	2	1	1
	Hospital Care	2	2	0
	Technical Assistance (Governmental)	2	2	0
	Accounting	1	0	1
	Care for Aged	1	0	1
	Community Service	1	1	0
	Coal Mining	1	1	0
	Exterminating	1	0	1
	Financial Management	1	0	1
17	Heavy Construction	1	0	1
	Library	1	0	1
	Mail Delivery	1	1	0
	Medical Care	1	1	0
	Municipal Government	1	1	0
	Pharmaceutical	1	0	1
	Publishing	1	1	0
	Totals	95	21	74

Table 12

Products of Organizations Surveyed. Table 12 summarizes the data on major products of the organizations surveyed and ranks the most prevalent ones. Some firms had more than one product while others provided only service. The products cover a very broad range.

Variety products (department, discount, drug, and general store) were the most prevalent. Automobiles, candy and ice cream, food, and gasoline followed closely among the random organizations. Very few products were associated with the special organizations (12). The most prevalent was coal and only two organizations listed it.

Products Extracted, Manufactured, Sold, or Used by Organizations Surveyed

Rank	Function	Quantity		
		Total	Special	Random
1	Variety Products	6	0	6
2	Automobiles	4	0	4
	Candy and Ice Cream	4	0	4
	Food	3	0	3
4	Gasoline	3	0	3
	Mining Machines	3	1	2
	Appliances	2	0	2
	Asphalt	2	0	2
	Coal	2	2	0
7	Electric Motors	2	1	1
	Fabric	2	0	2
	Groceries	2	0	2
	Shoes	2	0	2
	Tires	2	0	2
	Aluminum Plates & Sheets ...	1	1	0
	Books	1	0	1
	Cement and Plastic Products	1	0	1
	Ceramics	1	0	1
15	Electrical Systems	1	0	1
	Electric Supplies	1	0	1
	Electronic Instruments	1	0	1
	Feed and Farm Supplies	1	0	1

(Table 12. Continued)

Rank	Function	Quantity		
		Total	Special	Random
	Fluorescent Lamps	1	1	0
	Furnaces	1	0	1
	Furniture	1	0	1
	Garden Equipment	1	0	1
	Glass Containers	1	1	0
	Glass Tubing	1	1	0
15	Hydraulic and Pneumatic Products	1	0	1
	Jewelry and Giftware	1	0	1
	Musical Instruments	1	0	1
	Newspapers	1	1	0
	Paper Products	1	1	0
	Prescription Drugs	1	0	1
	Radio/TV/Stereo Products	1	0	1
	Sanitary Maintenance Supplies	1	1	0
	Scrap Iron	1	0	1
	Sealed Beam Lamps	1	1	0
	Steel	1	0	1
	Totals	64	12	52

Table 12

Services of Organizations Surveyed. Table 13 summarizes data on the services offered by the organizations surveyed and ranks the most prevalent ones. Some firms provided more than one service. The services cover a very broad range and most of the basic services people expect in a metropolitan area are represented. The number of services from the sampled population exceeds the number of major products.

Retail sales as a service far exceeds all others by at least eight times in the random and combined populations, but has low rank in the special organizations. Other high ranking services are warehousing and wholesale distribution, auto service, and small repair for the random organizations and public service for the special organizations. The data would indicate that distributive education for the handicapped might have the greatest opportunity to be put to service.

Services Offered by Organizations Surveyed

Rank	Function	Quantity		
		Total	Special	Random
1	Retail Sales	35	1	34
	Warehousing and Wholesale Distribution	4	0	4
2	Public Service	4	4	0
	Small Repair	4	0	4
5	Auto Service	3	0	3
	Advertising	2	2	0
	Asphalt Paving	2	0	2
	Entertainment	2	2	0
	Financial Service	2	0	2
6	Food Service	2	0	2
	Funeral Service	2	0	2
	Highway Maintenance	2	2	0
	Medical and Surgical Service.	2	2	0
	News Service	2	2	0
	Scientific and Technical Assistance	2	2	0
	Ambulance Service	1	0	1
	Commercial Printing	1	1	0
	Exterminating	1	0	1
	Grading	1	0	1
	Health Services	1	1	0
16	Higher Education	1	1	0
	Laundry (Self Service)	1	0	1
	Library Service	1	0	1
	Mail Delivery	1	1	0
	Mine Shaft Sinking	1	0	1
	Municipal Services	1	1	0
	Nursing Care	1	0	1
	Salvage	1	0	1
	Telephone Answering Service..	1	0	1
	Tire Recapping	1	0	1
	Trucking	1	0	1
	Totals	86	22	54

Table 13

Traits Expected. Table 14 summarizes the personal traits expected by the organizations surveyed and ranks groups of the most prevalent ones. Good personal traits were listed more than twice as much as the next largest category (competencies) by all organizations and the random ones. Only the special organizations listed fewer of them than learned competencies.

The types of traits most desired were alertness, honesty, and dependability by the special organizations and friendliness, alertness, and honesty and dependability by the random ones. Since such an emphasis was placed on traits which are largely based on basic values, it would be of great benefit for the handicapped to learn to practice these values as early in life as possible.

Personal Traits Expected of Beginning Employees by Organizations Surveyed

Rank	Trait	Quantity		
		Total	Special	Random
1	Alertness, Quickness, Attention, Awareness	17	5	12
2	Honesty, Trustworthiness, Conscientiousness, Integrity, Truthfulness ...	14	4	10
3	Courteousness, Friendliness, Outgoing, Pleasing Disposition, Open-Minded, Cooperative, Likeable, Kind, Ability to Get Along With Others	13	0	13
4	Dependability, Reliability, Faithful Attendance, Loyalty, Promptness	12	3	9
5	Eagerness, Willingness to Learn, Interest in Job	7	2	5
	Cleanliness, Neatness, Proper Attire	5	2	3
6	Desire to Perform Job Well, Get Ahead, Succeed, to Work Hard, Accept Responsibility	5	2	3

Rank	Trait	Quantity		
		Total	Special	Random
7	Determination, Sticktoitiveness, Patience	4	0	4
8	Ability to Listen, Understand Elderly, Serve Others	3	1	2
9	Ability to Take Orders	2	1	1
	Discreet	1	0	1
	Electrically Inclined	1	1	0
	Mature Personality	1	0	1
10	Mechanically Inclined	1	1	0
	Normal Weight	1	0	1
	Pleasant Voice	1	0	1
	Potential to Advance	1	1	0
	Potential to Master Job	1	1	0
	Totals	90	24	66

Table 14

Abilities Expected. Table 15 summarizes the basic abilities expected by the organizations surveyed and ranks groups of the most prevalent ones. Abilities were listed only about one-fifth as much as traits. Proportionately, special organizations listed the need for more abilities than the random firms.

The types of abilities most desired were largely physical for the special organizations (i.e., strength and ability) and mental for the random organizations (i.e., average I.Q. and aptitude). This is opposite what might be expected knowing the nature of the firms in the two groups. Some of the abilities listed were intended to discourage the handicapped (i.e., orthopedically handicapped and mentally retarded) from entering such jobs. However, none were stated in such a manner as to exclude handicapped possessing the listed abilities.

Basic Abilities Expected of Beginning Employees by Organizations Surveyed

Rank	Ability	Quantity		
		Total	Special	Random
1	Average Intelligence, Aptitude for Job, Mental Skill	5	2	3
2	Physically Strong to Lift, Carry 50#, Endurance	4	4	0
	Physical Ability, Pass Physical Exam, Average Strength, Skill	4	3	1
4	Manual Dexterity, Coordination of Hands	2	1	1
	Judgement, Common Sense	2	0	2
	Mobility	1	0	1
6	Physical Ability to Do Some Clean-Up	1	0	1
	Physically Adaptive	1	0	1
	Totals	20	10	10

Table 15

Competencies Expected. Table 16 summarizes the learned competencies expected by the organizations surveyed and ranks groups of the most prevalent ones. Competencies were the second largest category. Special organizations listed slightly more competencies than personal traits and more proportionately than random organizations.

The types of competencies most desired were largely cognitive and included the 3R's, basic knowledge of fields, and the competency to communicate and deal with others. The competencies listed indicate the need to provide the handicapped with basic competencies through education.

Learned Competencies Expected of Beginning Employees by Organizations Surveyed

Rank	Competency	Quantity		
		Total	Special	Random
1	Ability to Read, Write, Messages and Orders, Spell, Add, Count, Guess Weight, Read Patterns.....	13	8	5
2	Basic Knowledge of Medical Procedures, Electricity, Entomology, Fabric, Mechanics, Pass CS Exam ..	10	3	7
3	Ability to Engage in Oral Communication, Handle Public	9	9	0
4	Ability to Follow Procedures, Learn by Instruction, Perform Specific Tasks....	6	4	2
	Ability to Work Well, Without Supervision, Carry Out Job	6	2	4
6	Ability to Comprehend Aged Needs	1	0	1
	Ability to Make Decisions ..	1	0	1
	Ability to Shelve Books	1	0	1
	Totals	47	26	21

Table 16

Skills Expected. Table 17 summarizes the trained skills expected by the organizations surveyed and ranks the most prevalent ones. Skills was the smallest category, only about one-sixth as many skills were listed as personal traits.

The types of skills most often listed included typing, shorthand, and taking dictation by the special organizations and radio, watch, and jewelry repair and

filing by random organizations. None of these skills were listed in sufficient quantities to warrant special vocational classes for the handicapped. Undoubtedly, the acquisition of such skills by handicapped students would be of value to potential employers. Only one skill listed, electrician training, was expressed to discourage the handicapped.

Trained Skills Expected of Beginning Employees by Organizations Surveyed

Rank	Skill	Quantity		
		Total	Special	Random
1	Typing	4	3	1
2	Radio, Watch, Jewelry Repair	3	0	3
	Shorthand, Dictation	3	2	1
4	Filing (Book Cards)	2	0	2
5	Drive Car	1	0	1
	Electrician Training	1	0	1
	Totals	14	5	9

Table 17

Exemplary Program Survey

To gather in-depth information on potential programs and to evaluate the viability of these programs for use in the Marion County Comprehensive Special Education Program Plan, a survey of exemplary programs was conducted.

The programs to be surveyed were identified primarily through personal contacts with professional special educators and administrators. Each program was then contacted by telephone to ask for basic information and to determine the potential for a visit. The administrators for the programs were generally enthusiastic about a visit from Marion County researchers and readily sent information.

Based on the conversations, information, and time and financial considerations, a series of tours was scheduled. The criteria for selection included diversity, comprehensiveness, expert evaluation, applicability, distance, and educational value.

The tours were conducted as scheduled and were found to be highly informative. Administrators were very cooperative and accommodating. The time of year prevented an opportunity to view some programs in operation with children. However, the researchers found that teachers were less distracted and more free to express their opinions when their classes were not in session.

The following tours were conducted:

May 21 1. Marion County Special Education Classes Tour

Barnes	EMR - Elementary
Grant Town ..	EMR - Elementary
Downs	EMR - Elementary
Mannington ..	EMR - Secondary
White	EMR - Intermediate
Central.....	TMR - Elementary
	EMR - Intermediate
East Dale ...	EMR - Elementary

29 2. Preston County Education Center Tour

Vocational Homemaking Class for Secondary Physically Handicapped and MR Girls.
Remedial Academic Class for Secondary MR Boys and Girls

3. Eastern Tour

Somerset State Hospital - PA

June 11

12 Regional Educational Services Agency (RESA) VIII - Martinsburg

Pikeside Center
Eastern Panhandle Training Center

12 Rock Creek Center - Frederick, MD

13 Romney Schools for the Deaf and Blind

13 Project P.U.S.H. (Handicapped Head Start) - Keyser

4. Southern Tour

June 18 State Department of Education

Vocational Education
Special Education
Vocational Rehabilitation

18 Kanawha County Special Education Department - Charleston

19 West Virginia Rehabilitation Center and Research and Training Center - Institute

19 Project D.O.V.E. at Fairfield Special School - Huntington

20 Wood County Special Education Department - Parkersburg

20 Colin Anderson Center - St. Marys

5. Northern Tour

24 Lincoln Special School - Wheeling

24 Project B.R.A.V.O. at Brooke Comprehensive High School - Wellsburg

25 Goodwill Industries - Pittsburgh, PA

25 Allegheny Intermediate Unit - Pittsburgh, PA

Marion County Special Education
Classes Tour

Marion County Special
Education Classes Tour

May 21, 1974

The special education classes in Marion County were visited to provide an overall view of the existing Marion County program and to establish a basis for comparison with other programs. The participants in the tour included Sara Eddy, Marion County Special Education Coordinator; William Cupples, West Virginia University Doctoral Candidate; and the researcher.

Each class or school was visited in operation for a period of from fifteen minutes to one-half hour. Mrs. Eddy arranged the visits and introduced the researchers to the principals and teachers in each school. Mr. Cupples acted as an observer and photographer.

Barnes. The Barnes Elementary School has one elementary EMR class of 11 students. The teacher is Phyllis Shaw and the volunteer aide is Wanda F. Sailor. This class has had the benefit of ESEA I materials since 1971.

> Observations and Implications. The aide was not present. The classroom was enriched by the ESEA materials and by the ability of the teacher. The students participated in verbal reports, group singing at the piano, and self-initiated group learning at the tape recorder. Several students were shown to have made great progress.

Grant Town. The Grant Town Elementary School has one elementary EMR class of 10 students. The teacher is Susan Spindler.

> Observations and Implications. Only four students were present the day of the visit. One family of four (all four in the class) had left the school completely after a fight with others in the class. At least two of the students were borderline TMR and the chronological age spread was quite large. It was the teacher's first year and she had not achieved the ability to discipline effectively and to evidence creativity in the face of limited resources.

The class was well behaved during the visit and each child was studying independently. Additional equipment and materials would have been of great benefit.

Downs. The Downs Elementary School has one elementary EMR class of 10 students. The teacher is Sharon Fawcett.

Observations and Implications. The teacher was ill and a substitute teacher was present. The students returned from recess and the substitute requested that they work on their own. The students independently began what they normally did at that time of the day. The two TMR students in the class were assisted by the others.

Mannington. The Mannington High School has one morning secondary EMR class of 11 primarily 15- and 16-year-olds and one afternoon secondary EMR class of 13 primarily 13- and 14-year-olds. The teacher is Mary Katherine Dean and the volunteer aide is Nancy Williams.

The students only attended the special education class for a half day and attended regular physical education classes, industrial arts, and home economics classes with other students the other half. The researchers visited the afternoon class.

Observations and Implications. The large size of the class and totally academic nature of the instruction contributed to a rather chaotic situation in the classroom. The two girls in the class concentrated on their arithmetic but many of the eleven boys were distracted and probably learning very little during the period the class was in session.

The teacher lacked the tools and experience to discipline the boys and provide them with creative means to deal with difficult academic work. Two TMR's attend the morning class, which was not observed. No observation of the special students in regular non-academic classes was made.

White. The White Elementary School was one intermediate EMR class of 7 students. The teacher is Lorraine Sloane.

Observations and Implications. The inventiveness of the teacher has made limited materials into valuable learning tools. The students were able to show personal evidence of their progress. The small size of the class enabled most instruction to be individualized. Special education theory was being put to practice in the teaching methods. One TMR student attended the class.

Central. The Central Elementary School has one intermediate EMR class of 12 students and a mixed elementary and intermediate TMR class of 11 students. The TMR class has had the benefit of ESEA I materials since 1970 and is the only TMR class in the county. The EMR teacher is Jeanne Potoczny. The TMR teacher is Loretta Koski and the aide is Marjorie Muldrew.

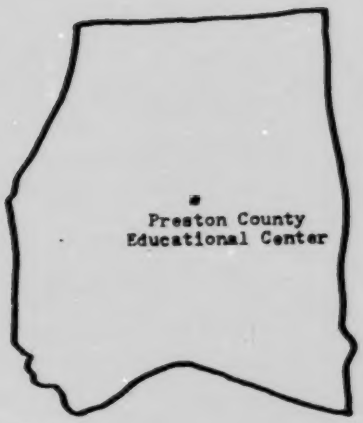
Observations and Implications. The TMR class had left the classroom and was waiting for the bus with their teachers. They were very friendly and each child introduced himself. The classroom was well located (outside entrance and girls' bathroom) and well equipped with ESEA materials.

The EMR teacher was ill and the students had left. A brief tour of the classroom revealed that it was somewhat better equipped than the one at White school.

The TMR class had two EMR students in attendance and the EMR class had three TMR students.

East Dale. The East Dale Elementary School has one elementary EMR class of 9 students. The school is the only new one in the county containing a special education class and operates on the open classroom concept. The special class is located centrally in the layout and the students frequently attend regular subjects being taught in other areas. The teacher is Lois Smith.

Observations and Implications. The students were not present but the teacher talked with the researchers. The philosophy of an open concept and the layout of the school appear to be ideal for maximizing the mainstreaming of special students. There was evidence that students were making individual progress according to their abilities. The classroom was well supplied with new equipment.



Preston County Educational Center Tour

Pre[illegible]n County Educational

Center Tour

May 29, 1974

The Preston County Educational Center (Kingwood, WV) is a countywide secondary school vocational technical program. It includes a special vocational homemaking class for high-school-aged handicapped girls, funded through the State Department of Education Division of Vocational Education. A remedial academics class is offered to both boys and girls and some boys take training in the building maintenance program.

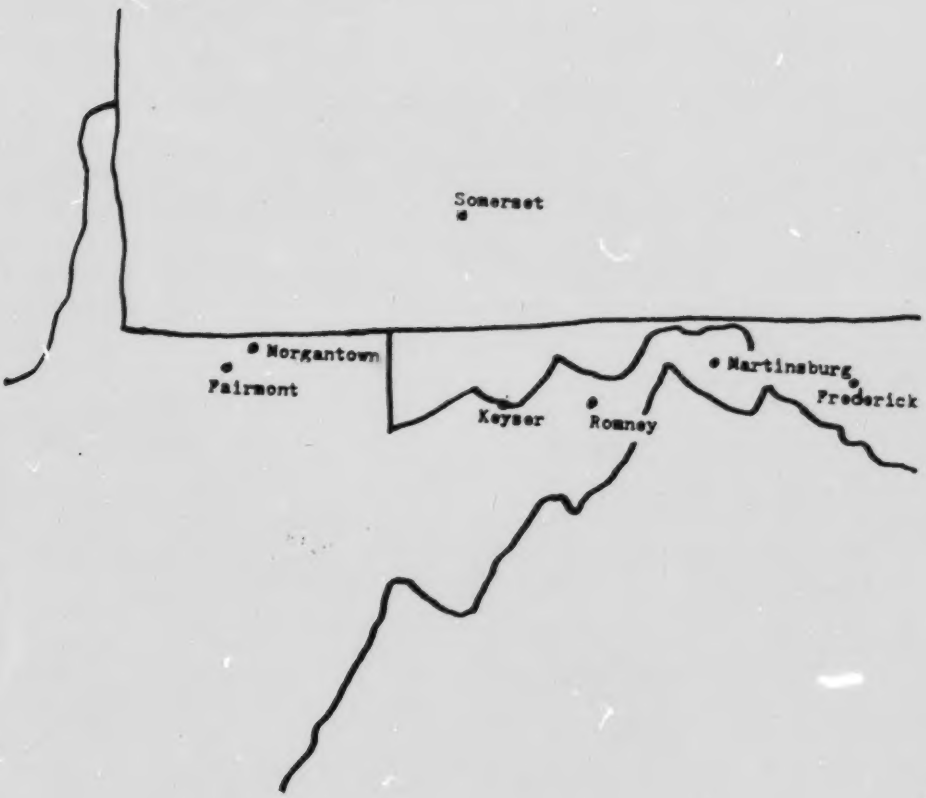
Suzanna Gizzi is the homemaking teacher and Richard Ranieri teaches the remedial academics class.

Observations and Implications. Mrs. Gizzi's class was small (5 girls) and well equipped. The girls worked independently to develop their homemaking abilities. Mr. Ranieri's classes were large and did not appear to allow much individual instruction. He spent a lot of time disciplining and directing groups and individuals. His materials and teaching equipment were minimal.

The boys were not viewed in the building maintenance class but were seen assisting in the maintenance of the school building. Mr. Ranieri's students are in charge of servicing the vending machines in the school's utility room.

The emphasis on remedial academic education in a traditional classroom setting did not appear to coincide with the philosophy of the center and appeared to be of doubtful benefit to the special students. Special students were not allowed to take the vocational agriculture although farming constitutes a large part of the Preston County economy. Other, more technical courses were also excluded.

Except for the benefits of the homemaking class, and work experience, Marion County would do well not to segregate their high-school-aged MR's (and culturally deprived) in a remedial academic class in the vocational technical school.



Eastern Tour

Eastern Tour

June 11-13, 1974

The Eastern Tour involved the visitation of several programs in Pennsylvania, Maryland, and eastern West Virginia. The researcher was accompanied by Mrs. Sara Eddy, who observed, gathered information, questioned, and photographed various aspects of the programs. Each program will be reviewed in the order it was visited.

Somerset State Hospital. (P.O. Box 631, Somerset, PA, 15501). The hospital is a state mental institution primarily for adults. Its policy is to get at the root cause of institutionalization and return those admitted as soon as possible to the outside world. This policy is reflected in the hospital's client population which has declined in recent years to about 300. Admissions average about 400 a year but these people are returned to society as soon as they are able.

The researchers discussed an ESEA I program for 40 handicapped adolescents from the area that was conducted at the hospital in 1972 with Daniel C. Gallagher, Coordinator for Activities and Education at Somerset and Project Director. He reported the results of the program in the April, 1974 issue of Phi Delta Kappan (see Bibliography). The program involved academic work, home economics, and industrial arts. It stressed abilities instead of disabilities. The adult basic education instructor, Sally Grant, also participated in the discussion.

Observations and Implications. The adolescent program succeeded on outside teacher-volunteers. The emphasis was on value clarification and individualized instruction. Having experienced success for the first time, some of the adolescents returned to regular school and did quite well.

The revitalization potential of a special project was observed in the enthusiasm that the adolescent program engendered in the teachers.

Regional Education Service Agency (RESA) VIII. (615 West King Street, Martinsburg, WV 25401). RESA VIII is dedicated to providing instructional materials and demonstration projects for handicapped children in early childhood. Career education curricula for the handicapped in school are in the process of being developed. An at-home project for handicapped preschoolers in the eight counties of the region is also underway. JoAnn Richards, Director of early childhood education, discussed the role of RESA VIII.

Observations and Implications. The benefits of good organization and abundant funding were obvious. Some sophisticated curricula are being developed that could be used in Marion County. Much work is being done to educate parents through community clusters and inservice for teachers and aides with parents.

A good preschool at-home program for the handicapped costs about $2000 per year per child. One teacher and an aide can teach only twenty pupils in remote areas. Each child is taught for a two-hour period each week in the presence of a parent (or older sibling) and a packet of home exercises for the week is left.

Pikeside Center. (Martinsburg, WV 25401). The center is a special school for the Berkeley County School System. It is a very old school with the benefit of some good equipment (vocational typing and keypunch--Random House self-paced course) provided through vocational education funds. Gary Hollandsworth, Principal, discussed the programs offered at Pikeside and conducted a tour of the classrooms. The vocationally-oriented high school program involves career exploration through five 7-week blocks. These blocks include building maintenance, office typing and keypunch, domestic services, and work attitudes. Last year, thirteen building maintenance students worked one week in local business.

Observations and Implications. Some areas of the school seemed to be suffering from a lack of adequate instructional materials, while those that were supported through vocational or RESA funds appeared to be up-to-date and enriched. The use of a segregated special school enables more variety (vocational blocks) to be offered and better ability and age grouping of MR's.

Eastern Panhandle Training Center. (P.O. Box 986, Martinsburg, WV 25401). The Eastern Panhandle Training Center for Mentally and Physically Handicapped, Incorporated, is a non-profit sheltered workshop for handicapped persons 16 years of age or older. It was established in 1968 by the Berkeley County Association for Retarded Children (ARC) and the Martinsburg Civitan Club. It is currently supported by the school system, UGF, local organizations, and industry subcontracts. The clients come from Morgan, Jefferson, and Berkeley Counties by Center bus and work for wages (of from $0.20 to $2.00 per hour) according to their ability.

The ultimate goal of the Center is placement and follow-up training in work habits, job skills, and personal adjustment. Other services include referral evaluation and counseling. The subcontract work supports about 50% of the cost of the Center operation, according to William C. Dearien, Director.

Observations and Implications. The Center, a new building (1971), was impressive in its layout and personal benefits. There was evidence of thorough and careful planning with the needs of the handicapped in mind.

The clients were very responsible and happily resumed their work without direct supervision after lunch. The production lines evidenced good industrial engineering (jigs, fixtures, and machines where possible) and each individual's job was geared to his working ability.

Mr. Dearien expressed some concern that his clients had not been able to benefit from vocational instruction at the new James Rumsey Vocational Technical Center located on the same grounds.

Rock Creek Center. (Frederick, MD 20784). Rock Creek School is a comprehensive facility designed to serve the trainable mentally retarded, emotionally disturbed, and physically handicapped from age 3 to 21 in Frederick County. The staff includes medical, psychological, evaluative, therapeutic, and rehabilitative as well as teaching personnel. Services include diagnosis of disability, development, education, and pre-vocational adjustment.

The facilities are spacious, modern (1972), very well designed and well equipped. The Waverly Elementary School (regular) was built on the same campus to provide easy transition of Center students into the mainstream of regular schooling. The Center director is Doris Remsburg. Mr. Panza, Pre-Vocational Teacher, gave the researchers an informative tour.

Observations and Implications. Frederick County has the kind of comprehensive special education program that Marion County should emulate. Community participation is extensive. Facilities and equipment are modern and complete. Education of the handicapped begins as soon as these children are detected and can come to the Center (mothers bring in their preschool children for diagnosis).

Since TMR's generally do not do well in skilled or highly technical jobs, the pre-vocational training is geared to good work habits which have enabled several Rock Creek graduates to hold down good unskilled and semiskilled jobs.

Mr. Panza, who coaches a local community college basketball team, believes that the special educator should have some outside contact with teaching the non-retarded periodically to re-orient his concept of what "normality" is.

West Virginia Schools for the Deaf and Blind. (Romney, WV 26757). The nature of deafness and blindness is met by two highly specialized residential schools on the same campus. A total environment is provided for the child so that he can achieve maximum academic, physical, and social development to prepare him for independence in society.

Facilities are modern and very well equipped. The teachers are highly skilled and chosen for their ability to be sensitive to the needs of the students. Jack Brady is the Superintendent. The School for the Blind Principal is Max Carpenter and the School for the Deaf Principal is Robert Linzey. Charles Boyer, Supervising Teacher for the School for the Blind, conducted an informative tour.

Observations and Implications. The exceptional nature of the staff and the warm and open atmosphere of the school cannot be conveyed without a visit. The success blind and deaf children can achieve by attending this school is obvious. Even a brief stay will give the child a valuable orientation to his world.

Those students with academic ability are prepared to attend the college of their choice. Many vocational areas are also open. The tendency is to leave the traditional stereotyped trades of shoe repair for the deaf and piano tuning for the blind. New technology plus broadcasting within the reach of the blind and photography and heavy machine operation within the reach of the deaf.

Project P.U.S.H. (P.O. Box 246, Keyser, WV 26726). The Pre-School Project for Parents Understanding Student Handicaps is a national demonstration project funded by the Bureau of the Handicapped, USOE. Children from 0-8 years of age are served in the Mineral County, West Virginia area (including Pennsylvania). The children are individually assisted to reach a maximum developmental level. There is a heavy commitment to involving parents in the learning process. The current concerns of the project are to provide instructional materials and training for others who are interested in replicating the program in other counties. The researchers discussed the program with April Beavers, Project Director, and J.P. Toothman, Training Coordinator.

Observations and Implications. The project started with concerned parents who could not get help from the local schools. After six years, the school system is heavily involved and children are referred by many agencies in the area. The program relies a great deal on voluntary work of parents. Developmental charts show rapid development of children who have participated.

Southern Tour

Southern Tour

June 18-20, 1974

The Southern Tour involved a meeting at the State Department of Education and visitation of several programs and institutions in southern and western West Virginia. The researcher was accompanied by Virgil Dillon, Marion County Vocational Technical Director, who observed, asked questions, gathered information, and photographed various aspects of the programs.

State Department of Education Meeting. On June 18, 1974, a meeting was held at the Division of Vocational Education of the State Department of Education. Representatives of Special Education, Rehabilitation, Mental Health, Health, and Welfare were also present. The purposes of the meeting were to:

1. inform state agencies of Marion County's intention to develop a long-range comprehensive special education program plan
2. secure interagency cooperation of key agencies involved with handicapped children, and
3. gather information and advice on the development of plans and programs.

Observations and Implications. The representatives were very cooperative and willing to endorse the planning. No written agreement was secured but the Agreement of 1971 (see Appendix A) serves the purpose. The need for a school psychologist, work-study coordinator, and work evaluation of teenagers were discussed.

Kanawha County Special Education Department. (200 Elizabeth Street, Charleston, WV 25311). The Kanawha County Schools had begun planning comprehensive special education. The researchers discussed programs with Sandra Barkey, Special Education Consultant.

Observations and Implications. Some developing individual learning packages were obtained. No tours of any facilities were conducted. Members of their staff had been impressed by a visit to Intermediate Unit I (Uniontown and Connellsville, Pennsylvania). They found that EMR's were constructing and remodeling homes in a work-study project. For the most part, there was little that could directly apply to Marion County's planning.

West Virginia Rehabilitation and Research and Training Center. (Institute, WV 25112). The Rehabilitation Center was founded in 1955 as a vocationally oriented residential facility to provide comprehensive rehabilitative services for all handicaps. Services include vocational evaluation, pre-vocational and adjustment training, adjustment for the blind, medical services including therapy, vocational training, and a sheltered workshop. Clients stay as long as it takes to overcome the problems of their disability. The researchers discussed the operation of the Center with Dr. Joseph Moriarty, Director of the Research and Training Center, and took a tour of the facilities.

Observations and Implications. The Singer/Graflex work sample system was employed for work evaluation. It was very expensive and required a large room to operate. However, a smaller scale version could be employed by Marion County.

The extent of special equipment and programs is unmatched anywhere. Therefore, Marion County students could benefit greatly from the services if their needs could not be met at home.

The atmosphere at the Center was very positive and a great deal had been done to provide a total environment. There is a waiting list for the 450 residential spaces provided for clients.

Fairfield Special School. (Huntington, WV 25703). Cabell County has developed an extensive vocational education program for EMR's at Fairfield School through a Division of Vocational Education grant in 1970. The school serves all the intermediate and secondary EMR's in the

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county and provides academic, pre-vocational and vocational training with highly specialized equipment. In their senior year, the students spend one-half year on the job as part of their training. The researchers discussed the programs with Irene Nenni, Project Investigator for Project D.O.V.E., and William McIlvain, Principal, and were given a tour of the facilities by Mrs. Nenni.

Observations and Implications. Although the school building was old, the extensive remodeling and sophisticated equipment supplied by the project was impressive. The cooperation of local industry was also impressive but this was facilitated by a Division of Vocational Rehabilitation work-study coordinator in the school.

The program was not comprehensive, and seemed to favor the more intelligent. There were no programs for the physically handicapped and TMR's were excluded from vocational training. The use of a special school is contrary to the current concept of mainstreaming and the EMR students could not obtain a certificate of high school graduation. It was difficult to get a measure of the use of some of the sophisticated equipment but we were told it was used heavily.

Wood County Board of Education. (1210 Thirteenth Street, Parkersburg, WV 26101). Wood County has been planning several programs for the handicapped from preschool education through a cooperative work-study program. The researchers discussed these programs with Mary Lou Brewster, Special Education Coordinator, and Jesse Thorpe, Vocational Technical Director.

Observations and Implications. A preschool TMR group is underway with a great deal of parental cooperation. The children go through a series of evaluative scales yearly and are given prescriptive mainstreaming based on the diagnosis. The process is continually evolving.

The key element in a work-study program is a coordinator who understands the operation of business and industry as well as the special needs of the handicapped and can establish a rapport with those he serves. The enthusiasm of the special education coordinator is an enhancement of the Wood County programs.

Colin Anderson Center. (St. Marys, WV 26170). The Center is a residential developmental institution for severely and profoundly handicapped children. There are more staff than clients, a specially equipped modern school, a modern hospital, and transitional homes for developing home living skills. The director, William Richards, discussed the programs and guided the researchers on a tour of the facilities.

Observations and Implications. The primary reason for institutionalization is the failure of parents, relatives, or community to care for the child. Extensive progress in development can be made with young children through concentrated effort.

The Center's effective turnover is only about 10 percent per year, but this is changing with the use of newer facilities and techniques. The openness and friendliness of the institution was refreshing. Opportunities for the children were extensive. A serious problem was overcoming the "institutional syndrome" so that the client could return to society and independence.

Northern Tour

Northern Tour

June 24-25, 1974

The Northern Tour involved the visitation of four programs in the Northern Panhandle of West Virginia and Pittsburgh, in Pennsylvania. The researcher was accompanied by Robert Endres, Doctoral Candidate at West Virginia University, who assisted in the observation and photographing of essential elements of programs.

Lincoln Special School. (1000 Chaplin Street, Wheeling, WV 26003). Ohio County uses a separate school for academic and vocational programs for handicapped intermediate and secondary MR's. It is an old school with limited equipment but a remodeling project is underway. The researchers discussed the programs with Dr. Louis Mazzoli, Principal, and Don Rice, Assistant Principal, who also conducted a tour.

Observations and Implications. The use of vocational funding enabled the program to get some of the little modern equipment it had. The students excelled in arts and crafts. They had produced their own yearbook and built a trash storage building in building construction.

It appears that the segregation of handicapped children in Ohio County means that they get to go to an older, more poorly equipped school. A vocational rehabilitation counselor is housed in the building. The success of graduates was not determined, but one had started his own carpentry business.

Project BRAVO. (Brooke Comprehensive High School, Wellsburg, WV 26070). The Brooke County Comprehensive High School houses the Basic Related Academic/Vocational Occupations project funded in 1971 by the Division of Vocational Education. The MR students in the program have the benefits of the facilities of a large, modern, campus-type school and special programs geared to their abilities and vocational aptitudes. Eugene Cipoletti, Assistant Principal and Vocational Education Director, discussed the project and showed the facilities to the researchers. Jay Teacoach, Rehabilitation Counselor and Work-Study Coordinator, also participated briefly.

Observations and Implications. The large, comprehensive school enables an efficient use of resources and opportunity for mainstreaming the handicapped. There were a large number of work experiences and vocational training opportunities within the school. The MR course academics were vocationally related so the student would find them relevant. Academic credit was given for consistent attendance and participating in alternative vocationally-related courses.

A regular high school diploma was given the special students and many obtained jobs in local mills through the work-study program. Mr. Teacoach expressed a sincere interest in getting a work experience program started in Marion County. Brooke High and BRAVO provide proof that comprehensive planning pays off.

Goodwill Industries. (2600 East Carson Street, Pittsburgh, PA 15200). Goodwill is a Methodist Church-sponsored, nonprofit organization that pioneered in sheltered workshops and work evaluation. The Pittsburgh headquarters has a large production area for adults with a broad range of handicaps subcontracting for other industries as well as refurbishing used merchandise donated by the public. Work habits development and special education is available with the cooperation of the local school district. The researchers were given a guided tour by Tony DeLuca, Education and Evaluation Counselor, and discussed placement with James Harland, Rehabilitation Counselor.

Observations and Implications. The educational efforts of Goodwill appear to be limited. However, the work benefits of the production are obvious when the working areas are visited. A criticism is that the working areas are not disciplined enough to give the handicapped the kind of work habits demanded by private employers.

Allegheny Intermediate Unit. (Two Allegheny Center, Pittsburgh, PA 15212). Intermediate Unit (IU) Three combines a broad range of special services over many (46) school districts. These services could not be afforded by the individual distrcits and include early childhood education, special education, institutions, non-public schools, and vocational technical schools. The combined resources allow for comprehensive planning. The researchers had a brief discussion with Dr. Harold Oyer, Executive Director, and collected information on Allegheny IU.

Observations and Implications. The benefits of centralized planning are obvious. But Allegheny IU has invested heavily in seven new special schools just when the emphasis is on mainstreaming.

The differences between metropolitan Pittsburgh and rural Marion County are great enough to prevent good comparison. It is suggested that a more rural IU like the one in the Uniontown, Connellsville area (IU One) be investigated.

With 1,000 staff members and $20 million per year, IU Three does a comprehensive job of providing for more than 12,000 administrators and teachers and 252,000 students.

Other Programs

Largely because of time and financial limitations, the following agencies, programs, and projects were not visited during the survey. The programs are listed because of their suggested value to Marion County's comprehensive program planning.

1. Bureau of the Handicapped
   U.S. Office of Education, DHEW
   Washington, D.C. 20202

2. Evaluation and Training Center
   University of Wisconsin-Stout
   Menomonie, Wisconsin 54751

3. Johnstown Rehabilitation Center
   Johnstown, Pennsylvania 15907

4. Woodrow Wilson High School
   Clarksburg, West Virginia 26301

5. Eastern Nebraska
   Office of Retardation (ENCORE)
   116 South 42nd Street
   Omaha, Nebraska 68131

6. Ohio State Department of Education
   Division of Special Education
   Columbus, Ohio 43215

Organization Cooperation

In addition to drawing opportunities from operating programs and the business-industry-service sectors, there are existing organizations within the nation, state, and county which can assist a developing comprehensive special education plan and give particular assistance to individual students.

Religious Organizations

The Roman Catholic, Protestant, and Jewish faiths have long provided programs for the handicapped. Evidence of their efforts includes the Roman Catholic special schools, projects such as Goodwill Industries, started by Protestants, and Jewish efforts in developing work evaluation (the JEVS System*). At the local level, church groups can provide volunteers to conduct searches for exceptional children, recreation, space for classrooms, baby sitting and nursery school service, and other ancillary services.

Fraternal Organizations

The national fraternal organizations, like the churches, have a long record of specialized services for the handicapped. At the local level, many of these organizations have the objective of donating their time to worthwhile causes. Not only can these groups operate effectively in conducting special tasks such as surveys, canvasses, or publicity for planning special education, but their members often influence community attitudes.

Business and Labor Organizations

The business-industry-service survey conducted for this study employed the help of the Marion County Chamber of Commerce and Merchant's Association. These

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* Note: JEVS = Jewish Employment Vocational Service System.

organizations can provide assistance to the school system whenever the need arises to contact major employers.

Since some companies are bound by union contract, the cooperation of unions is essential to establishing work-study and other cooperative programs for handicapped youth. The relaxation of union hiring standards is essential to allowing employment of the disabled in some occupational areas, particularly semiskilled jobs the handicapped can often master.

National Societies and Foundations

Although not directly involved in Marion County, national societies for particular kinds of exceptionalities help establish definitions, conduct basic research, lobby for laws, and provide individualized services found nowhere else. Some of these organizations and their addresses are listed below:

1. American Foundation for the Blind
   15 West 16th Street
   New York, NY 10011

2. Conference of Executives of
   American Schools for the Deaf, Inc.
   5034 Wisconsin Avenue, N.W.
   Washington, D.C. 20016

3. The Council for Exceptional Children
   1920 Association Drive
   Reston, VA 22091

4. Muscular Dystrophy Associations
   of America, Inc.
   810 Seventh Avenue
   New York, NY 10019

5. National Association for Retarded
   Citizens
   2709 Avenue E East
   P. O. Box 6109
   Arlington, TX 76011

6. The National Easter Seal Society
   for Crippled Children
   and Adults
   2023 W. Ogden Avenue
   Chicago, IL 60612

7. National Epilepsy League, Inc.
116 South Michigan Avenue
Chicago, IL 60603

Communications Media

The business-industry-service survey found that there were widespread misconceptions about the abilities of the handicapped in the county. In spite of changes in the law and extensive national campaigns on radio and television, awareness of the needs of the handicapped needs to be increased in the county. Stereotypes and stigmas need to be broken down.

The survey covered the two newspapers, the Times and West Virginian, and the two radio stations, WMMN and WTCS. All expressed the desire to increase publicity for the handicapped and to advertise any special education programs the school system undertook.

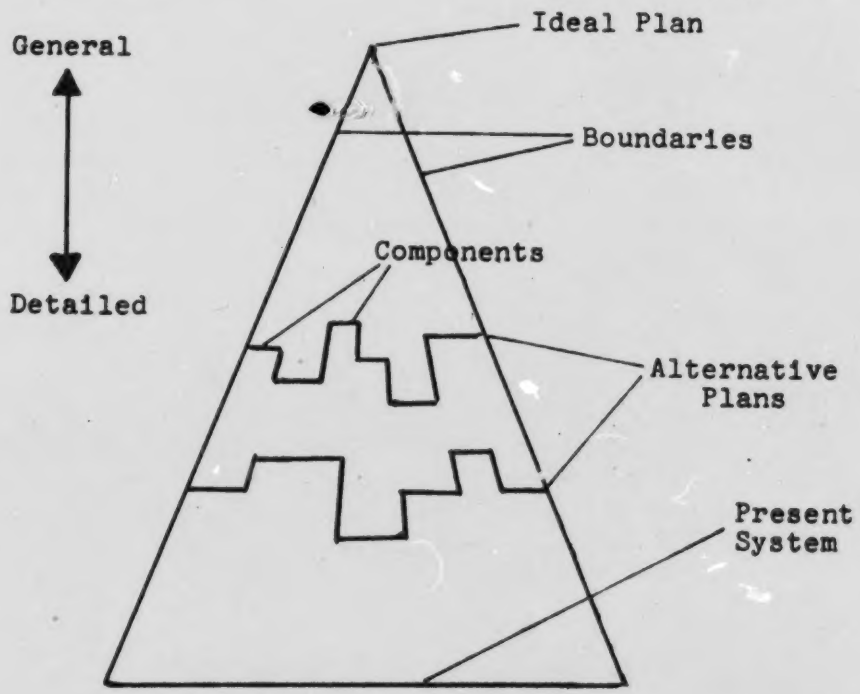
In addition to the local print and radio media, the local television station (WBOY) in Clarksburg/Weston could provide these services.

The isolation and relatively small size of administrative units in Appalachia makes long range planning and programs within each small district technically and logistically difficult.

CHAPTER IV

PLAN DEVELOPMENT

Comprehensive planning encompasses all aspects of the system being planned. The scope of the system is defined by its boundaries. The level of planning determines the detail of the system planned.



Comprehensive System Planning *

Figure 3

* From Nadler, 1970, p. 16.

The ideal plan provides a goal for all other plans within the system. The ideal plan is never feasible. Feasibility is determined by the ability of system planners to put the plan to practice. Higher level plans are likely to be more generally defined but less likely to be feasible. Lower level plans are likely to be more detailed and feasible.

Alternative plans are derived by different combinations of the components of the system within its boundaries. However, each plan must contain enough components to encompass the entire scope of the system.

Definition of the System Being Planned

The comprehensive special education program plan is a component of a larger plan for all education. The components included in the special education plan are defined by the population needing special education.

Special Education Services. The populations needing special education include all exceptionalities defined in Chapter I (pages 7 to 12). The types of services available to meet these exceptionalities include all those described in this report.

Age Boundaries. The age limits mandated by state legislation involving education for the handicapped do not conform to the definition of the term comprehensive and the primary concern of this study is to provide maximum development of the handicapped to become productive citizens.

There are two key points in an individual's life that are crucial to those who are exceptional. The first point is when the child first enters formal schooling and leaves the environment of the home. The second point is when the young man or woman leaves formal schooling and must enter a productive life to be a contributing part of society. These points are illustrated in Figure 4.

Lifespan of an Individual
in Terms of Education

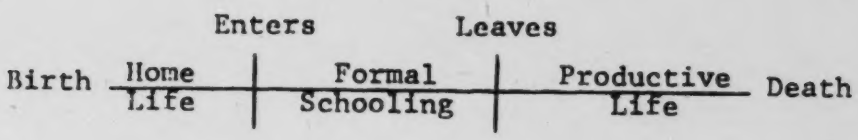


Figure 4

The transition at the key points is often difficult for the so-called "normal" child; for the exceptional child, it may be nearly impossible. Current school law mandates the chronological ages these transitions will take place, commonly 6 and 18 years of age.

If the school system's responsibility is to provide formal schooling and to prepare the child for a productive life, then the achievement of these purposes is more important than the age of the child when the transitions take place. Since the exceptional child's development may be slowed or blocked by his disability, it is essential that the school system begin the process of preparing the child for the transitions as soon as possible and that services are not relaxed during the transition periods but increased to insure a successful passage into the next phase of life.

Components of the System

In order for the educational system to be comprehensive, all components must be operative. The particular components for given disabilities are defined by the state-of-the-art and are undergoing massive research and change.

These components will not be discussed, but it is recommended that those responsible for a given type of disability be aware of and use the latest theory, technology, and methodology of their fields as determined by valid research.

The components associated with the educational phases of life are more constant and can be related. They include:

1. Detection
2. Diagnosis
3. Prescription (Includes Medical and Educational Correction)
4. Review
5. Preschool Instruction
6. Elementary Instruction
7. Secondary Instruction
8. Prevocational Instruction
9. Work Evaluation
10. Vocational Instruction
11. Work-Study
12. Cooperative Work Experience
13. Work Adjustment
14. Sheltered Workshop
15. Sheltered Employment

Other components which are essential but not dependent on the child's life phases include:

1. Transportation
2. Housing
3. Special Services
4. Institutions

The need for early detection is crucial to comprehensive special education. Current practice is to begin detection as the child enters school by testing and observation. One of the prime criteria for placing a child in special education is a pattern of failure. This is too late. The disability must be detected before failure occurs to allow the maximum corrective action to take place. Studies of child development conducted by Piaget and research in basic learning theory conducted with infants indicates that formal learning can begin very early and that deprivation of some types of stimulation can affect later ability to conceptualize essential to success in formal schooling. An editorial in the April 26, 1974, issue of Academic Therapy (p. 2-3) reports on a test that can detect reading disabilities before the child enters kindergarten and corrective action can be brought to bear before the child fails.

Data should be collected at birth and provided to the school board. Parents, pediatricians, county health nurses, social workers, relatives, concerned neighbors, and others should freely provide information on possible disabilities in very young children and infants. As soon as a possible or potential disability is detected, school specialists should begin the diagnosis process, using the person or persons providing the detection information as a consultant and working closely with the parents in the best interest of their child.

The diagnosis should begin with a thorough medical examination, the cost of which should be publicly borne. Then, depending on the physical and mental development of the child, a battery of tests should be conducted to measure as many attributes of the disability as possible. The staff who administer the tests should know how to properly administer and interpret them and be able to evaluate their validity and reliability. The data and interpretations of the medical examination, observations, and the tests should be combined to form the diagnosis. The final form of the diagnosis should not be standardized, but take on the form the data suggests.

The prescription based on the diagnosis should be made as soon as possible. The prescription should also be made by an interdisciplinary team, including medical, psychological, special education, and administrative personnel and involve the parents and child (when he can respond). Provisions should be made to insure that the prescription can be readily changed, based on the changing needs of the child.

If the prescription includes medical or surgical treatment, it should be undertaken as soon as financial arrangements can be made. Pending national health insurance legislation should soon alleviate any problems of financing medical care.

The first prescription should specify how often the child's condition should be reviewed. If a change in the ability of the child is noted, a review of the child's prescription should be made as soon as one can be scheduled. In no case should a child go beyond a year between reviews. To insure continuity of diagnosis and prescription, the interdisciplinary team should retain the same members through successive reviews. If members have to be replaced, efforts should be made not to dilute the interdisciplinary nature of the team.

Based on the concept of early detection and early correction, a preschool component is essential to a comprehensive program. It can start at home with sensory stimulation, play therapy, and the guarantee of a nutritional diet. Parents can be given instruction and exercises to conduct after the teacher has left. In addition to specialized services at home, ambulatory children can be brought together in small classes, providing specialized teaching and physical development equipment and the opportunity to develop group behavior patterns correctly. Experimental programs (see Project P.U.S.H., page 98) have shown that concentrated efforts can rapidly accelerate physical, psychological, and social development.

As soon as the child has reached the necessary level of development, he or she should be enrolled in an elementary school. Enrollment in a special class should be determined both by the child's ability and his tolerance for difficulty or failure. For the EMR and TMR, separation should only occur for academic learning. All social learning activities should be undertaken with chronological peers (i.e., recess, art, music). If a child can do normal work (i.e., arithmetic) he should be allowed to do it with those of his own ability.

At the elementary level, emphasis should be placed on communication instead of the traditional academic subjects of reading, writing, and arithmetic. Because the abilities of the handicapped vary so greatly, each student should have the benefit of individualized instruction and proceed on the basis of mastery of content. Evaluation should be continuous, but grading should be limited and not made the basis of movement to the next level. Learning disabled and physically handicapped children should be provided with special services and equipment, but they should not be removed from their peer groups because of their handicapping condition.

For MR students, classes should be small, and differences in chronological and mental age minimized. Students with cultural, emotional, or learning disabilities should not be indiscriminately mixed with the mentally retarded.

Once communication skills have been established, a secondary education designed to prepare the student for a productive life should be begun. For the deaf, blind, orthopedically handicapped, and those who have overcome emotional or learning deficiencies, the secondary experience should be as near normal as the handicap permits. For the MR student, a special secondary education should be pursued.

While all secondary students should receive some pre-vocational instruction, a large part of the MR early secondary instruction should be devoted to it. Pre-vocational instruction should include exploration of careers; instruction in basic living skills such as keeping an apartment, cooking, purchasing, and paying bills; work habits such as promptness, neatness, dependability, and following instructions; and social habits such as honesty, proper behavior, courtesy, and responsibility. Vocational counseling should be an active part of this component.

At the pre-vocational stage of instruction, the youth should undergo a thorough work evaluation. Work evaluation measures the cognitive, affective, and psychomotor competencies of the individual on-the-job through detailed analysis of the results of a battery of aptitude, attitude, and skill tests. These tests are conducted in the work setting. The use of work samples in recent years makes it possible to predict performance on a broad range of psychomotor jobs. The key to good work evaluation is the work evaluator who selects, administers, and interprets the results. Since work evaluation can be done over a relatively short period of time (two weeks to six months) students could be sent to the West Virginia Rehabilitation and Research and Training Center at Institute (see page 101) to benefit from their excellent facilities and staff. If evaluation is done within the county, it is suggested that a team be employed to conduct work evaluation.

For those with specific vocational aptitude and inclination, vocational instruction should be given for high school credit. Except for special vocational classes for the mentally retarded, other special vocational students should enroll in regular classes at the vocational school.

Work-study helps provide the handicapped student with supplementary experience in work and a way to relate his study to his work. Work-study can be conducted both in the school and with nearby business or industry.

Cooperative work experience is an agreement whereby a student can "try out" a real job as a part of his high school credit. A business or industry cooperates with the school by providing a job. The pay the student "earns" is experience in real working conditions and an appreciation of related schooling. The key to a good cooperative program is thorough scheduling, supervision, and counseling by a competent work experience coordinator.

Work Adjustment is the key to successful transition from formal schooling to a productive life. It may involve finding the handicapped individual a first job or finding several jobs in succession until a suitable match between ability and job demands is found. The local rehabilitation office and employment service can cooperate with the work experience coordinator. No MR student should be allowed to "graduate" without adjustment into a suitable occupation.

Other aspects of work adjustment involve locating suitable housing, arranging transportation to and from work, budgeting the money earned, and providing for recreation and other leisure-time activities.

For those who do not possess the work habits or aptitudes necessary to succeed in private employment, a sheltered workshop can provide a protected work environment where an individual can work up to his ability without having to produce a "normal" output. Operating as a prime producer of specialty products or as a subcontractor for other industries, the workshop can provide a portion of its operating expense as well as the partial support of its workers.

Two types of sheltered workshops should be provided, the transitional and the terminal. The transitional workshop could be used to conduct work evaluation, adjustment, and skill training in preparation for private employment, while the terminal workshop would be for the severely handicapped who could never work in an unsheltered situation.

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Sheltered employment can be provided by private employers when part of the handicapped worker's income is supported by rehabilitation, welfare, or social security funds. This can only work where public opinion supports employment of the handicapped and employers can afford to work out the financial and scheduling aspects. Workshops have proved that the severely handicapped can be highly productive if the job is designed right.

A key component affecting all phases of the exceptional child's education is transportation. The proper scheduling of private, public, and school vehicles could easily provide excellent transportation from any part of the county. Transportation should be a planned part of any new program.

Housing for those being temporarily provided service, work adjustment, or locating permanent work should be a concentrated effort of school and rehabilitation programs. Special features must be built into new structures and architectural barriers removed from the old before some of the handicapped can live alone.

To be truly comprehensive, special services for the education of the handicapped must be provided. Some examples are large-print books, specially equipped drivers' training cars, ramps, elevators, shuttle-bus service, lunch programs, and special groups for the emotionally disturbed, epileptic, autistic, or gifted.

The need for residential institutions, like the Romney Schools for the Deaf and Blind, the West Virginia Rehabilitation Center, and Colin Anderson Center will continue. The resources and staff of these centers cannot be matched for very severe conditions and highly specialized training needs. In programs where institutions have been eliminated, the same services are provided in smaller units located in communities. This is more expensive and more suited to areas with higher population concentrations.

Ideal Plan

The ideal goal or plan for comprehensive special education in Marion County should lead to the elimination of "special education" (The Governor's Report, 1970, p. 69). The emphasis on early detection, treatment, and prevention and individual educational programming for each child are the most economical and socially desirable uses of resources.

In the ideal system, detection would be an integral part of a child's life from birth. Computer programs would aid in the diagnosis and prescription of each child by analyzing thousands of variables and keeping a perfect history of life progress.

Review would be continuous and involve the use of the latest sophisticated theory and technique. Human counseling of the child and parent would be greatly aided by the wealth of data.

Pre-school education would be eliminated as each child would embark on his individually prescribed education via a home-based computer-assisted instruction (CAI) learning machine. The need for social contact will be met by neighborhood play groups, scheduled trips with peers to local and distant learning sites, and learning games with other children using the worldwide learning system.

The need for printed matter, reading, writing, and arithmetic, will virtually disappear and communication will depend more fully on the spoken word and the use of abstract models and computing algorithms.

Each child will progress at his or her own speed until a given competency is mastered, then new, more difficult competencies will be provided. The average child will master the communication level of a current elementary education

at four or five years of age. At that point, secondary education will begin and it will continue throughout life. The level of productivity each person will be able to provide for society will be largely determined by the life competencies he has attained and the transition to working life will span decades.

Since almost all work will eventually become mental with the use of automated systems, the only handicap that will not be eliminated by technological assistance devices will be mental retardation. MR will be greatly reduced by detection and correction in the pre-natal state and improved genetic control.

Physical development will be enhanced by creative recreation, total medical care, and improved, individually-prescribed diet. The variety and richness of this ideal educational system will make the stigmatizing disabilities a thing of the past.

The Comprehensive Educational Program will furnish opportunity for each individual, through a developmental sequence of learning experiences from pre-school through adulthood, to achieve his highest potential. Curricula must be flexible in order to serve individual needs and interests. Provision must be made for developing desired concepts, attitudes and skills. There must be constant inclusion and adaption of curricular developments and school services.

The Comprehensive Educational Program for West Virginia Schools

West Virginia State Department Of Education

Rex M. Smith Superintendent

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Alternative Plans

Many alternative plans can be developed within the boundaries of the system described in the first section of this chapter. Each alternative can be constructed by putting together various combinations of the components. Since there are fifteen components and each can be varied a great deal by the application of further planning, organization, staffing, instructional equipment and supplies, and financial investment, the potential combinations which could become complete plans are nearly infinite.

Fortunately, the characteristics of the county geography, existing school organization and location, special education policy (Price, 1974), and current services are consistent with the best conditions indicated by research. This limits the feasible options within each component and makes it possible to develop a limited number of alternative plans. The number of plans is still too great to be presented here. Therefore, only the options within each component will be described.

Detection

There are several options available in early detection of disabilities. They include:

1. The present system
2. School survey
3. Community survey
4. Health Department referral
5. Private doctor referral
6. Welfare referral

School Survey. A school survey of the type used successfully by Project P.U.S.H. could be employed. The survey form is given to kindergarten and first grade pupils to take home. The form basically asks about younger children in the home and those of neighbors.

Implementation. The school survey would require planning; form construction and testing; the cooperation of first grade teachers, kindergarten teachers, and their principals; and at least a week for two special education staff members to analyze the results. Each new child indicated on the forms would have to be located and tested to determine if the information was correct.

The cost of the survey would not be too great. It would have to be conducted at least every other year to keep records up-to-date.

Community Survey. A survey by a local club or other concerned citizens' group on the order of Operation Childhunt could accomplish the same purpose as a school survey at less cost. The survey would be conducted house-to-house by club members.

Implementation. A community survey would require that some local group commit itself to the task. The group would have to be supervised to see that they do the job well and thoroughly. As with the school survey, each new child located would require further testing to accurately determine if there is a disability. Like the school survey, this survey would need to be redone at annual or biannual intervals to remain current.

Health Department Referral. The County Health Department intervenes at the birth of children and when their mothers bring them in for immunization. An agreement with the Health Department could mean that every child's physical condition and mental development could be checked and tested both at birth and at the immunization periods. This information could then be sent directly to the school board office.

Implementation. The Health Department would have to be persuaded that educational information was also preventive medicine. A series of referral forms would have to be designed for different kinds of disabilities and a system set up to file them at the school board. The special education department would have to be notified of defects and a periodic review of the forms (one for each time the

child visited the Health Department or was visited by a nurse) could detect any trends toward disability.

Private Doctor Referral. Most parents visit a family doctor or pediatrician often when their children are infants and toddlers. These doctors probably have more time with a child and talk more with his parents than the county health people. An agreement between the American Medical Association (AMA) and the school board could provide information similar to Health Department referral.

Implementation. Persuasion of the AMA could be more difficult than the Health Department and most doctors would probably object to the time required. All children do not visit doctors, so other, parallel means of detection would have to be used with this option.

Welfare Referral. The poor have the greatest proportion of handicapped children. These children are also less able to be discovered and helped because they tend to stay at home in rural areas without the care of doctors or public health personnel. An agreement with the welfare board could mean that information on exceptional children could be collected by social workers.

Implementation. The welfare board would have to be persuaded that an investment in early detection would be returned many times over by assisting a few students to succeed in leaving the welfare rolls after special education for their disability.

Social and case workers would have to be trained to detect disabilities under conditions where there is little time to observe the child and no opportunity to test. It might be possible to restrict payments until all children in a welfare family are examined and tested.

Even if all welfare children would be screened, some alternate method would have to be used to detect non-welfare handicapped children.

Diagnosis

The options available to determine the type and extent of disability are somewhat dependent on natural physical development and the exceptionalities involved. They include:

1. The present method
2. Infant and toddler testing
3. Intelligence testing
4. Specialized testing
5. Psychological testing
6. Medical Examination

Infant and Toddler Testing. Special tests have been developed for the very young. If early detection is installed, a battery of these tests will have to be purchased to use on young children at various stages of development from near birth to 2 years. Medical diagnosis could be required for some exceptional children.

> Implementation. The school system would have to purchase the tests. A full time test administrator would have to be employed to visit the homes of those detected and test the children. This person would also have to be able to interpret the results of the tests, answer parent questions, and participate on prescription teams.

Intelligence Testing. The recent controversy over intelligence test validity makes the tests suspect, especially for special populations like learning disabilities which may affect test-taking ability. A number of tests should be available to provide the best possible measure of mental retardation.

> Implementation. The school system would have to purchase the tests. The test administrator would have to have special competencies to detect when an I.Q. test was testing a student correctly.

Even when correct I.Q.'s are possible to test, a child's ability to succeed is more important than intelligence not put to use.

Specialized Testing. Special tests for learning disabilities, emotional stability, social behavior, hearing and sight impairments, physical defects, and others are being developed and marketed. Some require specialists for use but are useful in providing information for accurate diagnosis.

Implementation. A special fund could be established to purchase these tests as they are needed. Where outside specialists are required, the funds could be used to contract tests with HRA, Fairmont State, or West Virginia University specialists.

This option is quite expensive. However, the cost must always be weighed against the life costs of the handicapped child.

Psychological Testing. A psychological problem can be more destructive of the success of an emotionally handicapped child than a low I.Q. or serious physical disability. These tests must be conducted by a psychologist or psychiatrist to get a valid reading on the emotional problem.

Implementation. The first stage in providing good psychological diagnosis is to employ a qualified school psychologist. Adequate funds for test purchasing would also have to be provided. Psychiatric diagnosis would be contracted through HRA or private psychiatrists.

This option is very expensive. However, the long-term effects and costs of mental illness are too great to be ignored.

Medical Examination. All children evidencing a disability or having a suspicion of a disability should have an immediate free medical examination. This program could be established by an agreement between the County Health Department and School Board. The cost should be borne cooperatively.

Implementation. A procedure for the thorough examination of each child would have to be established. If additional diagnosis is required, specialists could be brought in or the child could be sent to the WVU Medical Center. This program would be expensive, but pending national health care legislation should make such services readily available.

Prescription

The options in prescription are limited to the diagnosis information. They include:

1. The present method (screening committee)
2. Interdisciplinary team
3. Medical care
4. Learning contract

Interdisciplinary Team. The interdisciplinary team is similar to the Special Education Screening Committee except that it is not school oriented. Its primary function is maximum development of the mental, physical, and social abilities of the exceptional child. The team should include the following personnel:

1. The child (where possible)
2. One or both parents (or guardian)
3. Person detecting the disability
4. Person(s) making the diagnosis
   a. Psychologist or psychiatrist
   b. Medical doctor
   c. Test administrator
5. Special Education administrator

Implementation. This team should meet as soon as diagnostic information is in and work out a prescription for education of the child. Some members would serve on a voluntary

basis while others would be bound by contract or professional responsibility. The composition of the team would change as it became a review team (see next section).

The check and balance nature of the team must be preserved if the best interest of the child is to be served.

Medical Care. If the team prescribes specific medical treatment, the school board should assist in securing this treatment on an effective schedule.

Implementation. Medical treatment is expensive. However, the child must be as healthy as possible to receive maximum benefit from special education services. In some cases, medical or surgical treatment at an early age can effectively remove an otherwise lifelong disability. Pending national health care legislation provides for preventive health maintenance. If these efforts become law, this option will only require administrative input by the school board.

Learning Contract. The prescription could be written in the form of a short-term contract of medical, psychological, and/or educational services. The agencies agreeing to the contract would then be responsible for scheduling and providing the services within the contract period.

Implementation. It would be difficult to get outside agencies to obligate themselves to specific contracted services, but it would insure that prescribed action would take place. The contract should be written in specific, operational language if it is to be properly met.

Review

The options in review are time-dependent. They include:

1. The present system
2. The review team
3. Continuous review
4. Status change review
5. Regularly scheduled review

The Review Team. The review team is a continuation of the initial prescribing interdisciplinary team described in the last section. This team should be education oriented. Its function should include that of the prescribing team and the goal of a productive life after education. Most of the team should remain intact, but the team should be restructured to include the following personnel:

1. The child (where possible)
2. One or both parents (or guardian)
3. School psychologist
4. Doctor or health department nurse
5. Citizen (a representative of the business-industry community)
6. Current teacher(s)
7. Current principal or representative from Superintendent's office
8. Special education administrator
9. Rehabilitation, work experience, or placement counselors (secondary level only)

Implementation. The permanent members of this team should recognize the importance of a consistent approach to the child's development. This obligation could span twenty years. The team can be smaller, but it should insure that there be a balance between the various aspects of a child's education and development.

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Continuous Review. A continuous review would imply a record-keeping system that would automatically update the prescription when one portion was completed. Under such a system, the review team would only have to meet at major changes in the child's life.

> Implementation. This type of review is infeasible at the present time because it would be costly and inflexible under current technology.

Status Change Review. This review would be initiated by any team member when there was a pending change in the child's status because prescribed services were completed or external factors changed.

> Implementation. A procedure for initiating a meeting would have to be developed. A meeting should be automatically called when twelve months have passed since the last one.

Regularly Scheduled Review. A review set at six or twelve month intervals would provide a consistent prescription period.

> Implementation. Scheduling the meetings would involve a simpler procedure. Paper work would flow more consistently. However, emergency action for any rapidly changing status of the child would be difficult.

Preschool Instruction

With early detection, diagnosis, and prescription, the obligation to provide preschool instruction is obvious. Some of the options include:

1. The present system
2. Handicapped at home
3. Day care
4. Play therapy

5. Parent education

6. Baby sitting

7. Behavior modification

Handicapped at Home. For the very young and infants, it is possible to bring instruction into the home. Procedures and curricula for this type of program are being developed by RESA VIII.

Implementation. Itinerant special education teachers and aides would have to be hired and given special training at RESA VIII. Travel expense and transportation would have to be provided. Some equipment and supplies would have to be purchased.

The children would each receive two to three hours of instruction per week plus materials for directed study by a parent or relative. The cost of this instruction currently costs about $2000 per pupil per year. Each team of a teacher and aide can serve 20 pupils.

Day Care. Instruction in day care centers can be provided by the school board by agreement with other agencies and concerned citizens' groups. Project P.U.S.H. provides an excellent model for programs of this type.

Implementation. The school board would have to initiate cooperative agreements and administer the program, but much of the work could be done by volunteers. Each center should be small and located in or near the community its children come from. A qualified preschool teacher with some special education background (or the reverse) would be needed at each site. Parents could provide transportation and assistance with instruction.

Play Therapy. Play therapy provides a means to assist the development of children with physical, emotional, or social problems through the medium of play.

Implementation. Special equipment for handicapped child play may be secured through the Easter Seal Society or other local citizens group to be placed in the day care sites or homes. Play therapy specialists could be volunteers who had attended a workshop run by the Project P.U.S.H. staff.

These specialists could visit handicapped children's homes and provide the child and parents with instructive means of play.

Parent Education. Workshops and volunteer programs using the parents of handicapped children can be used to prepare these parents for life with their child and with techniques of instruction that can be applied at home.

Implementation. Programs and instructional materials would have to be planned, developed, and carried out. Care would have to be taken to insure that zealous parents would not overshadow other genuinely concerned ones. Baby sitting would enhance this type of preschool option.

Baby Sitting. The school board could organize a group of volunteer baby sitters for handicapped children. The two functions of the service would be to release the parent from the tension of constant care of the severely and profoundly handicapped and to provide instruction for the child at home while the parent is free to get instruction in a workshop or seminar.

Implementation. The baby sitting group would have to be formed, trained in special care techniques and instructional methods, and monitored. A dispatching system would have to be worked out.

Part of the cost of a baby sitting program could be alleviated by charging a nominal fee. This type of service combined with foster homes could get families through crises which could lead to institutionalization for the child.

Behavior Modification. The emotionally and socially maladjusted can benefit from behavior modification procedures. Research shows that these techniques have a better chance of working if a child is young.

> Implementation. The school board should contract the services of behavior specialists at HRA or WVU. Improperly done, behavior modification can result in the wrong results. It is expensive, but the technique can assist some children to enter normal school life.

Elementary Instruction

Aside from the regular elementary special education program, two alternatives present themselves. They include:

1. The present system
2. Special classes
3. Residential schools
4. Remedial instruction
5. Self-instructional packages and programmed learning devices

Special classes. All disabilities are not alike and should not be treated alike. The MR students, learning disabled, and seriously disturbed should be grouped together in separate classes to isolate them from communication problems and stigmas associated with a mixed grouping. These classes should have the best materials and equipment. Ideally, regular students should feel that special students receive the best instruction.

> Implementation. Classes for the learning disabled, emotionally disturbed, and gifted would have to be established within the elementary schools. It would take several years to reach the level needed if two were established every year.
>
> Transportation now used for MR's could be used to bus those most in need to schools where classes were established. The teachers would

have to be hired from outside to possess the necessary competencies required.

Mainstreaming techniques should be employed where possible.

Residential Schools. Particularly for the deaf and blind, residential schools can provide an elementary education that is far superior to what the county can provide.

Implementation. Referrals should be made when the child's prescription determines that this is the best course of action. Parents should be given information on the schools and be encouraged to visit before they decide to let their child attend.

Remedial Instruction. If a child's disability is not too great, such as a reading problem, he can benefit from the services of an itinerant teacher or remedial clinic.

Implementation. Remedial services available from HRA, Fairmont State, and WVU should be explored and the best ones contracted to assist handicapped children. Additional itinerant teachers with qualifications in learning disabilities and emotional disturbances should be employed.

Self-Instruction Packages and Programmed Learning Devices. Handicapped children often have short attention span but will study longer or harder if playing a game or manipulating a device to learn. Such devices can provide both basic and remedial instruction at the pace of the child and free the teacher for human interaction and organizing the students' work.

Implementation. These devices should be continually reviewed by the Special Education Coordinator. All of the elementary teachers could submit their choices periodically.

An annual fund for this type of material could purchase the top priority items. Some equipment, like the Avidesk, is sophisticated,

expensive, and unreliable. Learning packages are inexpensive and useful.

Secondary Instruction

The options at the secondary level become dependent on other components. Although the child should be brought as far as possible in communication skills, it is not necessary to provide continued academics for a high school education. Options include:

1. The present system
2. High school graduation
3. Lifelong school
4. Comprehensive high school

High School Graduation. A regular diploma of graduation should be provided for all handicapped students. Criteria for this graduation should be based on each student's ability to meet his own prescription. The gifted should be allowed to graduate when they can meet college entrance requirements.

> Implementation. A change in the current attitude toward subjects and credit will have to be made. The instructional and social costs of such a policy would actually be less.

Lifelong School. The severely retarded and multiply handicapped could benefit from special instruction beyond high school. In any case, they should not be "graduated" into oblivion.

> Implementation. New policy will have to be established to let these students stay in high school until they secure work and achieve work adjustment. A terminal workshop would be the last alternative.

Comprehensive High School. A centrally located comprehensive high school such as Brooke High would greatly enhance the needs of the handicapped. Such a school provides contact with regular high school students while providing the kinds of alternatives the handicapped need to achieve success.

> Implementation. The decision to plan, design, and build such a school for Marion County is beyond the scope of this study. However, if one is ever planned, the needs of the handicapped student should be a prime consideration.

Pre-Vocational Instruction

Preparation for a productive life should be a major component of the handicapped. Options include:

1. The present instruction
2. Life skills
3. Working habits and traits
4. Career exploration

Life Skills. For the severely retarded and multiply handicapped, pre-vocational education can begin with living skills at the elementary level. Learning these skills can be a big factor in the child's potential success in later life.

> Implementation. The elementary EMR and TMR teachers could be given a workshop or inservice in living skill instruction by staff from RESA VIII. The teachers could meet and exchange ideas.

Work Habits. The same handicapped population that could benefit from living skills could get a head start in entering the working world by establishing some of the traits such as alertness, honesty, courtesy, and dependability, which local employers value. A series of simulated work situations (i.e., retail, manufacturing, service station) could be set up and the students allowed to act out the roles of boss, customer, and

worker. This instruction could also begin at the elementary level.

Implementation. The elementary, intermediate, and secondary teachers of EMR, TMR, and multiply handicapped could all benefit from instruction in these techniques. The working world is full of situations different from the classroom, yet special education teachers generally only have experience in the classroom.

Field trips to local industry and business firms is an inexpensive way to provide instruction, awareness, and motivation.

Career Exploration. Depending on the handicapping condition, every exceptional child should have an opportunity to explore potential careers within the range of his developable ability. No direct career choice should be made, but individual counseling about aspirations and the ability to reach those aspirations should be available.

Implementation. Career classes would best be done by vocational teachers in the junior and senior high schools (or proposed middle schools). These teachers should be sensitive to the special needs of the handicapped to be effective.

In addition to films, books, and role playing, field trips and visits by local working people could enhance career awareness.

Work Evaluation

Work evaluation should be conducted at a point in the handicapped youth's life when a decision has to be made what kind of work to train for. Two options are available:

1. Local evaluation
2. Rehabilitation center evaluation

Local Evaluation. The Opportunity Workshop could be set up to provide work evaluation with a Singer/ Graflex or JEVS System. The student would leave his school for a period of time and undergo evaluation at the Op Shop. The results of the evaluation would be used by the review team to develop a work adjustment prescription.

Implementation. The funds for establishing a work evaluation unit could come from a proposal to Vocational Education. An agreement would have to be made with the Op Shop to contract for the evaluation of each youth who needed it.

In addition to purchasing the system, a qualified work evaluator must be hired.

Rehabilitation Center Evaluation. The West Virginia Rehabilitation Center at Institute provides work evaluation as one of its regular services. The student visits the Center and lives there until the evaluation is complete.

Implementation. The school board would have to pay for travel to and from Institute, but work evaluation would be provided free to the disabled.

The Center is often backlogged, making scheduling the evaluation difficult. Some students may not be able to leave the county to get evaluation.

Vocational Instruction

The business-industry-service survey data suggests that the handicapped would not gain employability by regular vocational skills. The options left include:

1. The existing system
2. Special vocational placement
3. Special vocational classes for MR's.

Special Vocational Placement. For handicapped students with evaluated vocational potential in a given technical area, the review team could directly place

them in regular vocational classes at the Vocational Technical Center.

Implementation. Good work evaluation is essential to the success of the student in the regular vocational class. Still, the provisions and requirements of the course may have to be altered somewhat. Self-paced programs are excellent for slow learners because they can take as long as they need to master them.

Special Vocational Classes for MR's. The work requirements of the county are such that a lot of semi- and unskilled job opportunities exist. Special vocational classes for EMR's and some TMR's can prepare them for such work.

Implementation. Vocational funds can be used to establish programs geared to the needs of the community. Further surveying of the business-industry community would be needed to determine exactly what kinds of programs.

Work-Study

Combining the experience of work with related study can be a valuable motivating experience for a handicapped student. Two options exist:

1. In-school work-study
2. Community work-study

In-School Work-Study. Work opportunity exists in most schools which can be used to give handicapped students an opportunity to explore work in a controlled environment and experience successful work accomplishment.

Implementation. Some teacher (or assistant principal) in each high school will have to assume the role of work-study coordinator and arrange for and schedule the work experiences. Study should be related to the work that is being done.

Community Work-Study. Half days of work in the business-industry community combined with study offers the chance to explore real work roles while the student is still in school.

Implementation. The teacher that would be assigned to coordinate this kind of program would have to have some special training and work experience outside teaching. He would also have to be given half days free to locate jobs, start students, supervise students, keep records, and counsel.

Cooperative Work Experience

In addition to work-study, there are other work experiences that are cooperative. Options within this setting include:

1. On-the-job training (OJT)
2. Work experience coordinator

On-the-Job Training (OJT). The OJT experience allows the handicapped student to learn a skilled job on the actual work setting and get high school credit at the same time. The student may or may not spend periods of time back in the classroom.

Implementation. Jobs with real training potential have to be located and agreements have to be worked out so that the student and the employer benefit from the experience. The negotiations require a qualified work experience coordinator with prior industrial or supervisory experience.

Work Experience Coordinator. A county the size of Marion County would require two full-time work experience coordinators to provide, supervise, evaluate, and follow up OJT and work-study programs for its handicapped students.

Implementation. Ideally, the coordinator should have both teaching and industrial experience, be able to work with all kinds of people, and have a genuine interest in helping handicapped young people succeed.

The movement of an individual from the vocational education program to work is too important to be left to chance.

West Virginia Guidebook
Job Placement Services
Allen and Young
Marshall University
Page 2 1974

A worker looks good when -

He 'comes in every day
He comes in on time
He gets along with his boss
He gets along with other workers
He tries hard to learn his work
He tries hard to do his work better.

Jewish Employment Vocational Service
Work Adjustment Center
A Pamphlet Philadelphia

Work Adjustment

Work adjustment covers a broad range of activities leading to more independence for the handicapped young adult. The school board should remain responsible until the person is fully able to support and live by himself. The available options include:

1. Job tryouts
2. Vocational counseling
3. Life adjustment
4. Job placement

Job Tryouts. Even with the best work evaluation and training, sometimes the only way for the handicapped person (or his employer) to find out how well he might do on a given job is to try it out for a period of time.

Implementation. Job tryout opportunities are limited when unemployment is high. However, the work experience coordinator may be able to get employers to create temporary jobs for evaluation of work adjustment.

Research shows that temporary OJT and tryout jobs often become permanent once the handicapped person shows he can do the work well.

Vocational Counseling. The Division of Vocational Rehabilitation should put two counselors in Marion County schools to prepare handicapped students for a life work and assist them financially to get started on their own.

Implementation. The Division of Vocational Rehabilitation would have to be persuaded that investment in the high school-aged handicapped student would be beneficial. Office space would have to be provided.

Life Adjustment. The Vocational Rehabilitation counselors could also provide useful information and financial assistance for income tax, banking, paying bills, apartment renting, transportation, and the many

other difficulties confronting the handicapped graduate starting work.

Implementation. The Vocational Rehabilitation counselors would have to be persuaded to carry out the review team's final prescription.

Job Placement. A central job placement office could provide the kind of handicapped placement that would cause companies to seek out the handicapped when new jobs became available.

Implementation. If a high school or vocational school office for placement is set up, it should be done in close cooperation with the Office of Employment Security. A constant source of job opportunity is essential to providing jobs for all the handicapped that may need them.

Sheltered Workshop

For those unable to benefit from private employment, a sheltered workshop like the Marion County Opportunity Workshop provides a partially productive life. Some workshop options include:

1. The present system
2. Annexation by the Vocational Technical Center
3. Transitional and terminal workshops

Annexation by the Vocational Technical Center. The Op Shop currently operates with limited, erratic funding. If the Vocational Technical Center were to annex it, the workshop would be able to provide more services more consistently.

Implementation. If the school board would agree to annex the Op Shop, then Vocational Education and Vocational Rehabilitation funds could be used to support its production, work evaluation, training, and special education activities. A workshop would become an integral

part of any new vocational technical school planned for the county.

Transitional and Terminal Workshops. Once two separate facilities for sheltered work were made available, it would be advantageous to make one house the job training and work evaluation for those who were preparing for work in the community and the other house those who by the severity of their disability will never be able to secure work outside the workshop.

Implementation. If the school board would annex the Op Shop and house it in a new Vocational Technical Center, the current building is the right size and well located to become the terminal workshop. The new facility would be purely transitional.

Sheltered Employment

An alternative to a terminal workshop for the severely disabled would be a type of sheltered employment. The only known option would be supplementary income.

Supplementary Income. For employers who could not afford minimum wage or had only part-time work to offer, the handicapped could be used to fill the job at less than normal or minimum wage. If these jobs are temporary, the handicapped person can always return to the sheltered workshop until other work is secured. This prevents periods of unemployment and compensates for the loss of a job.

Implementation. Agreements would have to be made cooperatively between Welfare, Vocational Rehabilitation, and Social Security to insure that each individual would be able to get a liveable supplemental income. Each individual would have to get a certificate from the Wage and Salary Administration freeing him from minimum wage requirements. Finally, employers would have to be persuaded that it could be more economical to hire these people at less than minimum wage provided that the job was designed to be mastered by the sheltered employee.

Advisory Committee

A Special Education Advisory Committee could provide the necessary impetus for planning and establishing a community-supported comprehensive program.

The composition of such a committee should be well balanced, including representatives from the School Board, Special Education, parents, Council of Social Agencies, business-industry-service sectors, labor, local government, and citizens at large. It should meet formally twice a year to review the progress of special education programs and set policy, including recommendations.

During the conduct of this research, a number of persons were located who were sufficiently concerned about the handicapped to form the nucleus of such a committee. The names and addresses of these people are included in the supplementary materials.

Citizen participation, whether it be on the part of a parent of a handicapped child or on the part of a handicapped adult, in program planning and operation must be an integral part of all State and local educational organizations.

Basic Education Rights
for the
Handicapped

The National Advisory
Committee on
Handicapped Children

Page 13 1973

These data provide what may be the most comprehensive and soundest data base for planning in the state's history. Hopefully the data will be further analyzed and applied towards the planning of effective human services in West Virginia.

A Survey and Analysis
of Human Ecosystems and
Human Service Systems
in Appalachia

Harshbarger et al

Appalachian Center
West Virginia University

Page 103 1973

CHAPTER V

RESULTS OF THE SURVEY

The survey uncovered massive amounts of information at the national, state, and local levels. Foregoing chapters have summarized the information. This chapter will put it in perspective and, hopefully, set the course of long-ranged comprehensive planning for the handicapped in Marion County.

Summary

The survey of special education needs and opportunities for the handicapped in Marion County was conducted during the summer of 1974 and spanned a period of three months. A new West Virginia law had mandated implementation of certain school district special education programs by July 1, 1974, and Marion County wanted to be sure that special education became an integral part of the county's comprehensive educational planning.

The Technology Education Department at West Virginia University was contracted to do the survey. The survey consisted of the following major parts:

1. A literature search.
2. A survey of the needs of the handicapped within the County .
3. A survey of exemplary programs in the region .
4. A survey of opportunities for education and employment within the County .
5. Alternative special education program plans for the County.

Literature Search. The literature search provided the basis for information gathered by the rest of the survey. Many means for locating and gathering literature were used, including two computer-assisted ERIC searches, personal contact, and letter solicitation. All of the literature was classified and this information was included with the supplementary materials. The rationale for special education for the handicapped in Marion County was based on the latest research in the field.

Survey of Needs. All known information on the handicapped populations in the county was gathered and summarized. this information was compared with national populations and the information offered by personal observations to determine its validity. Programmatic needs were determined by having the special education coordinator respond to a comprehensive checklist for special education programs.

Survey of Exemplary Programs. Several tours were conducted to visit a broad range of operating programs for the handicapped. During each visit, information was gathered on potential applications to the needs of Marion County's handicapped. In addition, Marion County educators were able to experience some of the programs in operation.

Survey of Opportunities. Many related social agencies were contacted to ascertain their willingness to cooperate with and participate in the planning, development, and implementation of programs. Effective coordination of the services of these agencies could provide a continuum of services for individuals as well as handicapped populations.

A survey form was sent to about one-eighth of the business-industry-service employers in the county to determine their willingness to cooperate in employment and training of the handicapped. The results of the survey are included in this report.

Alternative Plans. A format for a comprehensive special education program was developed from information from the various surveys. Boundaries and components of the system to be planned were defined. An ideal plan was developed to provide a goal for future efforts. Finally, each component was explored for options. The optional components can be combined to form many alternative plans.

Conclusions

Marion County special education planning for its handicapped populations is essentially sound. The existing policy and developing programs in special education are consistent with the most current ideas in the field. From having almost no special education ten years ago, the school system has steadily built its mentally retarded programs until good coverage for MR's is provided in the lower grades. Hearing and speech therapy programs are also well developed. Although classroom resources are limited, most of the MR classes have young, well-qualified teachers who are dedicated and providing creative instruction. Administration is enthusiastic and working to provide more comprehensive services.

The needs of the handicapped in the county remain great. Populations which need more services include the learning disabled, emotionally and socially maladjusted, high school-aged mentally retarded, the gifted, and all pre-kindergarten handicapped. Pre-vocational and vocational instruction is needed, accompanied by work evaluation, placement, and adjustment. For a West Virginia county of its population, industrial/urban/rural mix, and geography, Marion County ranks lower than it should.

Fortunately, the low level of development of special education provides flexibility in planning new programs to fit a comprehensive plan. There isn't a lot of investment in special schools and obsolete equipment to hamper the progress of planning and development.

Continuum of Services

The key to providing a continuum of services for every handicapped individual, regardless of his or her disability, is to gain the participatory cooperation of all the local social, governmental, and private agencies which could provide educative or educative assisting services. The school board cannot provide all of the needed programs alone. To provide parallel services would be a wasteful use of the county's financial resources. If the services are not provided cooperatively, the handicapped will lose some benefits.

The loss of only one year's income due to unemployment is more than the total cost of twelve years of education through high school. Failure to improve educational performance is thus not only poor social policy, it is poor economics.

- John Fitzgerald Kennedy

A Model Vocational Education Program for Slow Learners

Richard L. Kitzmiller

Franklin County Schools

Chambersburg, PA

1967

Self Support

Visits to programs in other areas have shown that vocational programs for the retarded have a great deal of proven success. The business-industry-service survey proved that enough opportunity exists to support such programs. The needs of employees are not in the highly technical or skilled areas, but in good personal traits and work habits.

Cooperation with the Division of Vocational Rehabilitation needs to be increased. The void between "graduation" from high school and the first successful job has to be filled. The social and tax roll costs to the county in not providing adequate work adjustment far exceed the cost of operating supportive services. Employers must be made aware that "hiring the handicapped" is not a humanitarian gesture but rather a sound investment.

Alternative Plans

The direction toward a comprehensive special education program plan for Marion County is now clear. Whichever alternative plans the county wishes to pursue, the optional components are available. Each component could require further study and definition. Procedures for development and schedules (calendars) of implementation would be developed most effectively through the use of Program Evaluation and Review Technique (PERT).

Funding

Special education and programs for the handicapped enjoy a favored status with several of the major funding sources available to Marion County. Proper planning and sound proposals could lead to more assistance and possibly a major demonstration project worth several million dollars where great need now exists.

The West Virginia Department of Education recommends that positive action be taken to support and require the consolidation of public school services to provide comprehensive educational opportunities for all students.

Recommendations

The primary recommendation of this survey is that the county should devote a year of detailed planning effort based on the information in this report and supplementary materials. Community awareness needs to be increased. Firm agency cooperation needs to be secured. Only then can a comprehensive plan be chosen.

There are many recommendations for future development of special education programs. These recommendations are grouped by type and ordered for ease of review. Sources are also shown when they are known.

Priority Recommendations

1. All Marion County children should have the right under the U.S. Constitution to a tax-supported and appropriate education regardless of their physical or mental capabilities ("Basic Education...," 1973, p. 4, 13).

2. There must be a diversity of alternative program placement (continuum of services). This includes all ranges of educational intervention from neighborhood schools, hospital schools, and special class placement, to homebound and intensive educational care units ("Basic Education...," 1973, p. 12).

3. The county should continue to emphasize mainstreaming of its special student populations whenever and wherever possible within the programs.

4. Families, guardians, handicapped youth and adults, as well as other citizens from the community at large, should participate as an integral part of the planning and operation of special education programs ("Basic Education...," 1973, p. 4).

5. The program should be evaluated each year according to the comprehensive objectives set forth by the plan (Nenni, 1971, p. 59).

6. The County School Board should conduct a continuing program to educate the public on the causes and effects of disability, the facts and the myths ("The Governor's...," 1970, p. 74).

Detection

1. Infant and toddler examination programs should be developed cooperatively with hospital, County Health, Welfare, doctors, and other agencies to make detection of a disability as soon as possible and channel the information to the School Board Office ("The Governor's...," 1970, p. 76).

2. Learning disability screening tests should be conducted in cooperation with Head Start, private nursery, and private day care, and other early childhood programs within the county.

Diagnosis

1. Diagnosis should not be purely medical, but should include educational and social psychological elements.

2. All diagnosis should be conducted by a balanced interdisciplinary team, including medical, educational, psychological, and sociological practitioners.

3. All tests or other evaluation procedures used for the purpose of classification or determination of the level of a child's educational performance must be neither racially, culturally, sexually, or otherwise discriminating ("Basic Education...," 1973, p. 12).

Prescription

1. Each child should have a plan (prescription) agreed upon by parents or guardian which

includes the level of educational performance at time of entry, a statement of long-range goals for the education of the child, and the method by which these goals are to be obtained, as well as a statement of specific services which will be provided, including the dates of initiation and anticipated duration of these services ("Basic Education...," 1973, p. 12).

2. Additional factors such as social adjustment should be stressed in addition to I.Q. in the determination of class assignments ("Massachusetts Plans...," 1966, p. 65).

3. A developmental record should be prepared for each child and brought up-to-date at each review. This record would be invaluable for later work evaluation, placement, and adjustment.

4. Learning disabled and emotionally and socially maladjusted children should not be placed in special EMR classes.

5. Counseling and information services to parents and prospective on family planning and child care should be provided ("The Governor's...," 1970, p. 76).

Review

1. The program (plan or prescription) for each child should be reviewed at least annually and amended when necessary with approval of parents or guardian ("Basic Education...," 1973, p. 12).

2. Each child's performance must be assessed at frequent intervals in order to assure the effectiveness of the program (plan or prescription) in meeting the needs of the handicapped child ("Basic Education...," 1973, p. 12). This assessment must be positive ("The Governor's...," 1970, p. 76).

3. All special students should be evaluated by a multidisciplinary professional team. An occupational specialist should join the team after twelve years of age ("Massachusetts Plans...," p. 66).

Preschool

1. Prevention of complicating factors can and should be aided by early infant and child education programs ("Basic Education...," 1973, p. 15).

2. A preschool program is recommended if exceptional children are to make optimal progress in their educational program. This effort should be coordinated with and assisted by other community agencies.

3. Preschool education should concentrate on sensory enrichment, physical play therapy, and proper nutrition.

4. Preschool education should avoid general academic education (Monheimer, 1966, p. II-25).

5. The School Board should be prepared to spend four times as much for MR day care as it would for a program for regular children (Hoover, et al, 1968).

6. Foster homes should be recommended for preschool handicapped children who are abused or neglected. Placement at Colin Anderson should only take place when other alternatives are exhausted.

Elementary

1. A group screening process should be set up in all kindergarten and first grade classes to discover potential learning disabilities ("Massachusetts Plans..," 1966, p. 65).

2. Special classes for learning disabilities and emotional/social maladjustment should be established where necessary ("Massachusetts Plans..," 1966, p. 68).

3. Grading should be abolished in favor of an easily understood mastery schedule for each MR child based on his or her prescription. Activities on the schedule should be stated in concrete terms so the child knows it has mastered the objective (Monheimer, 1967, p. II-24).

4. MR elementary education should stress communication over 3R's. Electronic media should be emphasized to help overcome conceptual difficulties.

5. Age ranges and intelligence ranges should be optimally reduced in elementary MR classes.

6. The parents of blind and deaf children should be counseled on the benefits the Romney Schools for the Deaf and Blind over local placement.

Secondary

1. Special education students, regardless of their program of studies, should have the benefit of high school graduation and a regular high school diploma (Brooke County, WV, Policy, 1974); Mandated by Law in Illinois - 1966, (Jones, 1966, p. 18).

2. Special education students with academic ability (i.e., physically handicapped, gifted, emotionally/socially disturbed, sight, and hearing impaired) should be given vocational rehabilitation assistance to attend the college of their choice (Monheimer, 1966, p. II-25).

3. At least one secondary TMR class should be started (Sloane, 1974, p. 19).

4. If a comprehensive high school is planned, secondary MR programs should be centralized to take advantage of the resources.

Pre-Vocational

1. Programs must be established that enable every handicapped youth to be prepared to enter the world of work ("Basic Education...," 1973, p. 15).

2. Career exploration and counseling on career aspirations should be provided for every handicapped youth.

3. The vocational rehabilitation process for MR's must begin with the first school experiences and not when some age of 14 or 16 is reached (Harvey et al, 1964, p. 106).

4. Work habits should be stressed in MR pre-vocational related studies.

Work Evaluation

1. Work evaluation should always be conducted in a setting having a work environment and atmosphere such as a sheltered workshop, not in a school or clinic ("Establishment of...," 1967, p. 110).

2. Work evaluation must be geared to the severely and multiply handicapped ("Establishment of...," 1967, p. 110).

3. Work evaluation should be conducted at the Vocational Rehabilitation Center in Institute until an adequate work evaluation system is set up and a qualified evaluator hired.

4. Work evaluation should contain work samples to be effective.

Vocational Instruction

1. Special vocational classes should be in accordance with realistic job opportunity in the community. This opportunity should be predicted to exist for at least the next twenty years.

2. Special students enrolled in vocational programs at the Vocational Technical Center could attend half days in their regular high school. Other half-day arrangements could be in on-the-job training for their vocational practice.

3. Vocational training (MR) must be a continuous process for each retardate, from school through final job adjustment (Bolanovich et al, 1972, p. 150).

4. The teacher of vocational education must know the handicapped student's interests, needs, motivation, and limitations (Nenni, 1971, p. 59).

5. Vocational programs should train at the level of the individual's competency (Young, 1969, p. 73).

6. The regular vocational programs should not be restricted to EMR students with aptitudes for them. This is especially true of self-paced programs and those without theoretical or highly technical content (Meyer, 1972a, p. 11).

7. MR students need some special tools. However, power tools can and should be used (Nenni, 1971, p. 59)

8. Special MR classes should be a minimum of ten and a maximum of twelve students. These students require more supervision and individualized instruction (Nenni, 1971, p. 59).

Cooperative Work Experience

1. A work experience coordinator should be hired to plan programs for the 1975-76 school year.

2. Qualified employers should be active participants in pre-employment evaluation and training (Bolanovich et al, 1972, p. 150).

3. There should be an integration of any industrial training facilities and school vocational programs in Marion County (Bolanovich et al, 1972, p. 126).

4. The better qualified employers should be used as permanent community training resources (Bolanovich et al, 1972, p. 150).

5. New programs must exercise caution in placing students in community job training situations. Inappropriate placements can have serious implications for program development (Cross & Crawford, 1967, p. 42).

6. Training and informational programs should be maintained to insure better communication between employers and representatives of the [handicapped] (Bolanovich et al, 1972, p. 150).

7. The county should employ the concept of a job bank (Bolanovich et al, 1972, p. 151).

Work-Study

1. The first work-study experience for EMR's should be within the school environment ("Massachusetts Plans...," 1966, p. 69).

2. The work and study portions of a work-study experience should be related to provide optimal motivation for learning.

3. Care should be exercised in the selection of a work-study coordinator. The work coordinator represents the school to the public. The program is judged largely on the impression he or she makes (Cross & Crawford, 1967, p. 41).

Sheltered Workshop

1. The Vocational Technical Center should annex the Opportunity Workshop to provide more stable funding.

2. Any plans for a new vocational school should include provision for a transitional workshop.

3. The workshop should mix various kinds and degrees of handicapped individuals so they can gain a more realistic view of their abilities in the work setting ("Establishment of...," 1967, p. 110).

4. The workshop should provide as near as possible the environment and pay of the private working world.

Work Adjustment

1. Work adjustment should be developed as a systematic process which provides the client with alternative adjustment routes (Anderson et al, 1971).

2. Continuing education programs should be developed that allow handicapped people to expand their work skills and potential abilities throughout their lives ("Basic Education...," 1973, p. 15).

3. Employment for MR's must be preceded by a long term training process beginning in the schools (Bolanovich et al, 1972, p. 150).

4. At least one school counselor from the Division of Vocational Rehabilitation should visit the county high schools and provide work adjustment services on a regular schedule. The counselor(s) should have an office in each high school (Rine, 1972, p. 14).

Sheltered Employment

1. Sheltered employment should be provided in the private employer sector, if possible.

2. Effort should be directed to persuading employers, the Wage and Salary Administration, and supporting agencies (DVR, Social Security, Welfare) that the severely handicapped can work in the private sector if their working situation is carefully planned.

3. Group homes and other community-based living arrangements should be provided for those requiring some protective supervision so that they can live near to where they work ("Massachusetts Plans..," 1966, p. 1).

Transportation

1. Provisions should be made to allow any child who needs special education service to be able to be bused on a regular schedule. Smaller buses and volunteer car pools could be used.

2. TMR children should ride regular school buses and be transferred to other buses at central locations until they reach their class. They have a tendency to attend irregularly if driven by parents (Sloane, 1974, p. 28).

Funding

1. Several opportunities to secure special education and vocational education funds currently exist. Marion County should plan programs within the comprehensive plan and submit proposals for those funds.

Personnel

1. Special educators should have an interdisciplinary background. Academic credentials in a specialty are no guarantee of competency with children.

2. The work-study coordinator job must be a twelve-month one to keep contact with employers and plan school year programs.

3. Administrators, teachers, aides, and counselors should not be required to attend mandatory special education inservice. However, creative programs and workshops should be regularly scheduled in all areas of the comprehensive program. Release time should be provided for those wishing to attend and credit toward advancement and pay raises granted for active participation.

4. Cooperative agreements should be used to bring volunteer engineering and supervisory people from industry into the sheltered workshop ("Establishment of...," 1967, p. 111). Handicapped supervisors make good role models and should be employed (p. 111).

5. Cooperative agreements with The Special Education Department at West Virginia University could provide second semester freshmen or first semester sophomores as classroom aides.

6. Special education teachers should be required to teach regular classes at three-year intervals for their own professional development.

Appendix A

Letter of Cooperation

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Cooperative Agreement

State of West Virginia

DIVISION OF VOCATIONAL REHABILITATION
DIVISION OF SPECIAL EDUCATION, STATE DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL EDUCATION

It is recognized that interagency cooperative effort can contribute to the development of quality programs, services, and activities for disadvantaged and handicapped youth and adults in West Virginia.

Through cooperation, each signatory agency, may so organize their efforts to provide programs, services, and activities in an effective and economical manner so as to avoid duplication or wasted effort.

To this end, special education shall provide the design of the educational program involving an orderly sequence of instructional activities;

Vocational education shall provide, where available and possible, specific instruction in occupational areas designed for the handicapped individuals either through the regular vocational programs or a modified vocational program; and

Vocational rehabilitation shall provide those necessary services to assist in identification, counseling, evaluation, referral, placement and follow-up of handicapped persons.

To assure the existence of an effective arrangement so that the several and various activities of the cooperating agencies are sequenced, and the necessary coordination exists, it is agreed that the Division of Vocational Rehabilitation, the Division of Special Education, and the Division of Vocational Education shall coordinate their efforts to insure the continuity and broad usage of their respective resources to provide a meaningful program of education for the handicapped youth and adults of West Virginia.

Harold L. Stunk — June 1, 1971
Division of Vocational Rehabilitation — (Date)

[signature] — May 28, 1971
Division of Special Education — (Date)

Fred W. Eberle — May 27, 1971
Division of Vocational Education — (Date)

[signature] — May 28, 1971
State Superintendent of Free Schools — (Date)

Appendix B

ERIC Computer Literature Searches

1. May 22, 1974 Search
2. June 5, 1974 Search

ERIC Literature Search

(May 22, 1974)

Logic	Descriptors	Type*
	School System	
(OR)	County School Systems	NT
(OR)	Rural School Systems	RT
(OR)	School Districts	RT
	(And)	
	Special Education	
(OR)	Special Programs	RT
(OR)	Special Schools	RT
(OR)	Spe cial Services	RT
	(And)	
	Planning	
(OR)	Program Planning	NT
(OR)	Community Planning	NT
(OR)	Cooperative Planning	NT
(OR)	Curriculum Planning	NT
(OR)	Educational Planning	NT

* Note: NT = Narrower Term
RT = Related Term

ERIC Literature Search

(June 5, 1974)

Logic	Descriptors	Type*
	Special Education	
(OR)	Special Programs	RT
(OR)	Special Schools	RT
(OR)	Special Services	RT
	(And)	
	Trainable Mentally Handicapped	
(OR)	Mentally Handicapped	GT
(OR)	Educable Mentally Handicapped	RT
(OR)	Mental Retardation	GT
(OR)	Self Care Skills	NT
	(And)	
Vocational Education		
(OR)	Occupational Training	NT
(OR)	Vocational Training	NT
(OR)	Pre-Vocational Education	RT
(OR)	Cooperative Education	RT
(OR)	Job Training	RT
(OR)	Vocational Adjustment	RT
(OR)	Vocational Counseling	RT
(OR)	Vocational Rehabilitation	RT

*Note: RT = Related Term
GT = General Term
NT = Narrower Term

Appendix C

Letter for Solicitation of Information from National Organizations

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West Virginia University | MORGANTOWN, WEST VIRGINIA 26506

College of Human Resources and Education
Technology Education Program

May 28, 1974

American Association on Mental Deficiency
1601 W. Broad Street
Columbus 16, Ohio

Ladies and Gentlemen:

We are engaged in a special study to assist the Marion County, West Virginia, Board of Education to develop a Comprehensive Special Education Program Plan. The goal of the planning is to provide all persons maximum assistance in their mental, attitudinal, and physical needs until they attain satisfactory employment.

Your organization has had much experience in determining the best approaches for persons with problems of concern by your association. Therefore, we hope that you can send information that will share your expertise so that the best alternatives can be incorporated in our planning.

We are willing to pay for postage, the copying of, or purchase of documents that would be useful.

Thank you for your assistance.

Sincerely yours,

Ronald W. Hull

Ronald W. Hull, Ed.D.
Research Associate
Marion County Special Education Survey
Phone: 304/293-3803

Appendix D

Business-Industry-Service Survey Materials

1. Rationale for Training and Hiring the Handicapped
2. Business-Industry-Service Survey Form
3. Suggested Joblist
4. Master File Card

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MARION COUNTY SCHOOLS
BUSINESS-INDUSTRY-SERVICE SURVEY
HANDICAPPED EMPLOYMENT
1974

Who Are The Handicapped?

We all are handicapped. All of us have experienced times when we lacked the intellectual, emotional, or physical ability to deal with life experiences. Most of us, however, possess abilities which allow us to compensate for these disabilities and lead normal lives.

There are individuals who have handicaps which cannot be compensated for in normal life. The abilities of these people are often overlooked in the face of their obvious disabilities. Thus, the blind are often pitied, the deaf ridiculed or thought to be ignorant, and the mentally retarded ignored or banished from sight.

Why Are The Handicapped Important?

Studies indicate that the handicapped compose about ten percent of the population or about 20 million people in the United States. If these people are in institutions, hospitals, or on welfare, they constitute a tremendous burden to the taxpayer.

With proper guidance, assistance, training, and support, approximately 90 percent of the handicapped can contribute fully or partially to their own financial support. Studies have shown that the handicapped are more productive, dependable, safety conscious and loyal than their "normal" counterparts.

Why Is Work Important To The Handicapped?

In addition to the obvious financial benefits of work to the handicapped individual and the community, the "right to life" of every citizen applies to the special population of the handicapped as it does to all other minorities. Work will provide direction to the lives of these individuals and social contact with the mainstream of the community.

What Can The Handicapped Do?

Capitalizing on their abilities, the handicapped can and do perform in every known occupation. The tendency is

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to underestimate the handicapped person's ability. With the use of modern technological devices, many physical handicaps disappear altogether. The mentally retarded can find challenge in tasks that would bore or alienate the average individual. Many handicapped individuals possess skills or talents they have developed in overcoming their deficiencies which make them superior to normal individuals or certain jobs. In addition, these people can learn new jobs like anyone else. First, they must be given the opportunity.

Why Survey Marion County Business and Industry?

It is believed that most handicapped people stay in the vicinity of the communities where they grow up. The Marion County School Board is engaged in planning a comprehensive educational program for the handicapped. This program would involve the earliest possible detection of a disability, individualized special education, job training, medical treatment, financial assistance, and guidance, recreation, and social experience with the general population. The handicapped must not be forced to return home or go to an institution, a hospital, or a sheltered workshop after completing their education and training. The vast majority should be absorbed by the community.

Social security benefits, vocational rehabilitation assistance, welfare assistance, and adjustment of the minimum wage law requirements should make the transition from school to work easier both for the handicapped and potential employers.

What Can You Do?

As a potential employer, you could capitalize on the benefits of hiring the handicapped. The initial investment may be greater than that of putting on regular workers but the long range payoffs could be immense both in increased productivity and personal satisfaction.

Another area of participation would be to provide on-the-job training in a cooperative effort with Marion County Schools. Such training would provide the much needed real work experience as well as the skills and knowledge necessary to entering the work setting. Cooperative agreements with Vocational Education and Vocational Rehabilitation could provide wage support at minimum levels during training and trial periods.

Since large numbers of handicapped are not expected in these programs, individual guidance and careful matching of the person and the job will be emphasized in placement.

MARION COUNTY SCHOOLS
BUSINESS-INDUSTRY-SERVICE SURVEY
HANDICAPPED EMPLOYMENT
1974

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1. Name of Organization _____ 2. Date _____

3. Address _____

_____

4. Main Function of Organization _____

5. Product(s) or Service(s) _____

6. Person Responding _____ 7. Position _____

8. Number of Employees _____ 9. Male _____ 10. Female _____

11. Percentage Annual Turnover _____ %

Would you be willing to discuss the possibility of:

12. -hiring handicapped people? Yes _____ No _____

13. -training handicapped people? Yes _____ No _____

14. -hiring specifically trained handicapped people? Yes _____ No _____

15. -sharing in the training of the handicapped? Yes _____ No _____

16. -trying-out some handicapped people on jobs? Yes _____ No _____

Person to contact to discuss these questions with:

17. Name _____ 18. Title _____

19. Address _____ 20. Phone # _____

_____

Based on your own experience, what kinds of traits, abilities, competencies, and skills do you expect your beginning employees to possess?

_____

_____

From the list of jobs for which handicapped people have been trained in other programs (see the attached list), which kinds of trained people could you use or be willing to cooperate in training? Please give estimates of the quantities of these positions in the future if possible.

_____

_____

_____

Others? _____

_____

_____

_____

MARION COUNTY SCHOOLS
BUSINESS-INDUSTRY-SERVICE SURVEY
HANDICAPPED EMPLOYMENT
1974

LIST OF SUGGESTED JOBS FOR HANDICAPPED HIGH SCHOOL GRADUATES AND STUDENTS

1. Custodian
2. Groundskeeper
   Caretaker
3. Materials Handlers
   Shipping Clerk
   Hauler
4. Food Handlers
   Cook
   Waitress
   Washer
5. Nursing Aide
6. Companion
7. Child Care
8. Domestic
9. Delivery Service
   Truck Driver
   Package Carrier
   Packager
10. Automotive Service
    Mechanic
    Body Repairman
    Service Station
    Attendent
11. Repairman, Oiler
12. Farm Workers
    Machine Operator
    Feeder
13. Construction Helper
14. River Draft Worker
15. Miner
16. Light Manufacture
    Assembler
    Machine Operator
    Finisher
    Repairer
17. Car and Truck Wash
18. Public Service
    Road Worker
    Light Construction
    Parkskeeper
19. Parking Lot Attendent
20. Motel Cleaning Service
21. Carpet and Rug Cleaning
22. Contract Workshops
23. Receptionist
24. File Clerk
25. Duplicator Operator
26. Salesmen
27. Keypunch Operator
28. Typist
29. Stocker (Retail)
30. Others

.
.
.

Sources:

1. Cabell County-
   Development of Vocational Education
   Project (1971)

2. Brooke County-
   Project BRAVO
   (1972)

MARION COUNTY SCHOOLS
BUSINESS-INDUSTRY-SERVICE SURVEY
HANDICAPPED EMPLOYMENT
1974

SURVEY RECORD CARD
SAMPLE

Code Number_____

Company _____ Phone _____

Address _____

Name _____ Title _____ Phone _____

Contact (if any) _____ Title _____ Phone _____

No. of Employees _____

Type of industry - product _____

Participate in Survey: Yes No

Dates:
Contacted: _____
Survey sent _____
Survey rec'd _____
Follow up _____
Visited _____

Comment:

APPENDIX E

Business-Industry-Service Participants

1. List of Special Participants
2. List of Random Participants

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List of Organizations Participating
In The
Business-Industry-Service Survey

Special	Code Number
A & P Tea Company, Incorporated	7
Alcan Aluminum Corporation, Alcan Sheet and Plate Division	5
Alling & Cory--Fairmont Division	8
Ashland Oil Company	26
Consolidated Coal Company	25
Confidential	11
Fairmont Emergency Hospital	12
Fairmont General Hospital	13
Fairmont State College	14
Fairmont Times & West Virgninan	4
FMC Corporation, Mining Equipment Division	6
Confidential	10
North-Central West Virginia Community Action Association, Incorporated	17
Owens-Illinois, Incorporated	2
United States Department of Agriculture Soil Conservation Service	20
United States Postal Service	19
Westinghouse Electric Corporation-Lamp Division	1
West Virginia Department of Highways	18
West Virginia Department of Natural Resources	24
W M M N Radio	21
Confidential	22

Random	
Ace Exterminators, Incorporated	97
Barrackville Food and Supply	49
Confidential	106
Cath-Con Paving	169
The Ceramic Mart	134
Miles Cunningham, Incorporated	30
C. V. News	178
Confidential	170
Direct Fabric Sales	78
Confidential	167
Fast Fairmont Nursing Home	68

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Random	Code Number
Electronic Control Systems, Incorporated	93
F. K. Everest, Incorporated	111
Fairmont Wall Plaster Company	190
Fidelity Mutual Life and Insurance Agency	38
Firestone Store	175
Frey Home For Funerals	182
Golden Brothers	61
Gordon's Number 196	153
W. T. Grant Company	122
Gwynn Tire Service Incorporated	142
Leeds Candies, Incorporated	91
Holbert-Watson Agency, Incorporated	191
Inter-Mountain Supply	127
Jo Ann Fabrics	42
Johnny's Amoco	56
W. F. Jones Funeral Home	138
Kentucky Fried Chicken	133
Klingensmith Music, Incorporated	124
Walter Lewis and Son, Incorporated	116
Marion Answering Service	173
Marion County Public Library	73
Marion Motors, Incorporated	47
Mary Jane Shoes	74
Confidential	150
Mosebach Electric and Supply	77
Mountaineer Electric, Incorporated	152
McCrory Store Number 135	135
Pollocks General Store	96
Quaker State Oil Refining Corporation	193
Quality Hardware Company	39
Radio Appliance Television Service	99
Reed's Quick Shoe	115
Salerno Brothers, Incorporated	60
H. Snider Furniture Company	192
Confidential	71
Stairs Amoco	33
Swiger's Exxon Servicenter	184
Thompson's Incorporated	43
Turner Pharmacy, Incorporated	131
Williamson Shaft Contracting Company	27

Appendix F

Research Services Agreement
Marion County Special Education Survey

1. Marion County Schools

2. Technology Education Program
   West Virginia University

RESEARCH SERVICES AGREEMENT

THIS AGREEMENT, made on the 30th day of April, 1974 by and between the Board of Education of the County of Marion hereinafter referred to as "Local Agency", and West Virginia Board of Regents, hereinafter referred to as "Board", acting for West Virginia University, hereinafter referred to as "University".

WITNESSETH THAT:

WHEREAS, the parties to this agreement have discussed the matter of the University furnishing certain services to the Local Agency, and, as a result of such discussions, the University has prepared and submitted to the Local Agency a proposal entitled "Special Education Survey" and bearing date April, 1974, hereinafter referred to as "Proposal".

NOW, THEREFORE, the Board, acting through the University hereby agrees to perform the services which are set forth in detail in said Proposal, a copy of which is attached to this agreement as part hereof, and to perform such services in the manner specified therein. The Board, acting through the University, further agrees to complete the performance of such services as specified in the proposal schedule.

The Local Agency hereby agrees to pay the Board for its services in the amount and in the manner set forth in the budget provisions of said Proposal.

WITNESS the signatures of the duly authorized officers of the parties of this agreement.

President
Board of Education
County of Marion

Superintendent
Marion County Schools

James G. Harlow
President
West Virginia University

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